Help-Seeking Behaviour of Women with Urinary Incontinence

by

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Declaration

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Abstract

Introduction

Since the prevalence of urinary incontinence has been established, interest in help-seeking behaviour of women has grown. Currently, data for African countries remain scarce. Published papers for help-seeking behaviour of women with urinary incontinence have focussed on specific demographical profiles. With the migration of the world's population, it becomes important to understand help-seeking behaviour of multi-national, multi-racial or a mixed-population group of women. Gaining better understanding of help-seeking behaviour of a mixed group of women will offer clarity to assist service delivery planning and educational programs. Aims of this thesis is to summarise barriers and reasons for help-seeking behaviour in the literature and within a South African context.

Method

An updated Integrative Literature Review done using Ganong's six-step methodology. Two researchers searched 7 databases. All study designs were included. Inclusion criteria: papers published in English from 2006, non-institutionalised women presenting with urinary incontinence; reasons for and barriers to help-seeking. Objectives of the review were to summarize percentage of women seeking help; identify barriers and reasons for seeking help; and to describe factors associated with help-seeking behaviour.

A descriptive cross-sectional study was chosen to describe the help-seeking behaviour of women who access Primary Healthcare services in the Cape Metropole. Data was collected in the Cape Metropole, Western Cape Province of South Africa. A custom-designed questionnaire was created from data extracted in the integrative literature review. The primary objective of the primary study was to determine the percentage of women who have sought treatment for urinary incontinence. Secondary objectives included determining prevalence of urinary incontinence; describing reasons for and barriers to seeking help; and to describe help received as well as patients' perception of help received.

Results

Following the review of 1352 titles, 26 papers met the inclusion criteria. An average of 22.5% of women sought help. Nine reasons for seeking help and 22 barriers to seeking help were identified. Symptom severity and impact on quality of life were identified as the most reported reasons for seeking help. Normalising and embarrassment were reported as the most prevalent barriers to seeking help.

The custom-designed questionnaire was completed by 667 women, response rate of 87.9%. One hundred and eighty-eight (28.2 %) women reported suffering from urinary incontinence and 46(25%) had sought help. Women who had sought treatment had a poorer perception of their general health (p=0.05) and experienced more severe symptoms (symptom severity p=0.02) compared to the group who had not sought help. Barriers to and reasons for seeking treatment were identified. A lack of knowledge that urinary incontinence could be treated was offered by most women, n=105 (74.5%), as their reason for not having sought help. Nearly half the women were too embarrassed to ask for help, n=58(41%), or felt uncomfortable discussing the condition with a male doctor, n=30(21.3%), or even a female doctor, n=6(4.3%). Thirty-eight (64.9%) women who sought help were offered treatment and 11(52.4%) were satisfied with treatment.

Conclusion

The integrative literature review indicated help-seeking behaviour for urinary incontinence remains low amongst women. Help-seeking behaviour differs for women from different population groups. It is recommended to study the help-seeking behaviour of the group of women for whom the service will be offered.

The primary study confirms previously reported data, indicating low help-seeking behaviour amongst women suffering from urinary incontinence. The primary study provided data for a mixed self-classified racial group of women within South Africa. The number of women suffering urinary incontinence were 28.2% and only 25% of women suffering from UI had sought help.

Further research is required to determine healthcare professionals' knowledge of urinary incontinence. Identification of available treatment options and accessibility of treatment needs further research.

Opsomming

Inleiding

Sedert the vasstelling van urinêre inkontinensie, groei die belangstelling in die hulp-soekende gedrag van vroue wat presenteer met urinere inkontinensie. Tans, is data vir Afrika-lande skaars. Gepubliseerde artikels vir hulp-soekende gedrag van vroue met urinêre inkontinensie het gefokus op spesifieke demografiese profiele. Met die verskuiwing van die wêreld se bevolking, is dit belangrik om die hulp-soekende gedrag van 'n multi-nasionale, multi-rassige of 'n gemengde-bevolkingsgroep van vroue te verstaan. 'n Beter begrip van die hulp-soekende gedrag van 'n gemengde groep vroue sal duidelikheid bied sodat dienslewering en opvoedkundige programme beter beplan kan word. Doelstellings van hierdie tesis is om hindernisse en redes vir hulp-soekende gedrag in die literatuur en binne 'n Suid-Afrikaanse konteks te beskryf.

Metode

‘n Integrerende Literatuuroorsig is gedoen na aanleiding van Ganong se ses-stap metode. Twee navorsers het 7 databasisse deursoek. Alle studie-ontwerpe is ingesluit. Insluiting kriteria: referate gepubliseer in Engels vanaf 2006, nie-institusionele vroue wat presenteer met urinêre inkontinensie; redes vir en struikelblokke tov help-soekende gedrag. Doelwitte van die literatuur hersiening is om die persentasie van vroue wat na hulp soek op te som; asook om struikelblokke te identifiseer en redes vir hulp-soekende gedrag op te som.

Om faktore wat verband hou met die hulp-soekende gedrag van vroue in Suid Afrika te bepaal is 'n primêre studie in die Kaapse Metropool, Wes-Kaap Provinsie van Suid-Afrika uitgevoer. 'n Spesiaal ontwerpte vraelys is saamgestel gebasseer op die data wat onttrek is uit die literatuur geidentifisser in die literatuur oorsig. 'n Beskrywende studie is gekies om die hulp-soekende gedrag van vroue wat toegang tot die Primêre Gesondheidsorgdienste in die Kaapse Metropool het, te beskryf. Hoofdoelwit van die primere studie was om die persentasie van vroue wat behandeling soek te bepaal. Sekondêre doelwitte het ingesluit die bepaling van die prevalensie van urinêre inkontinensie, redes vir en hindernisse tot hulp-soekende gedrag in hierdie groep vroue te beskryf. Verder is die hulp wat ontvang is, sowel as pasiënte se persepsie van die hulp wat ontvang is, beskryf

Resultate

Na afloop van die hersiening van 1352 titels, het 26 navorsing artikels aan die kriteria voldoen en dus ingesluit. 'n Gemiddeld van 22,5% van vroue het probeer om hulp te soek. Nege redes vir die soek van hulp en 22 hindernisse tot hulp soek is geïdentifiseer. Die opname is voltooi deur 667 vroue, met ‘n responskoers van 87,9%. Honderd agt en tagtig (28.2%) vroue het berig dat hul ly aan urinêre inkontinensie en 46 (25%) het hulp gesoek. Vroue wat behandeling gesoek het, het 'n swakker persepsie van hul algemene gesondheid ($p = 0.05$) en ervaar meer ernstige simptome (simptoom erns $p = 0.02$) in vergelyking met die groep wat nie hulp gesoek het nie. Hindernisse tot en redes vir die soek na behandeling is geïdentifiseer. Agt en dertig (64,9%) vroue wat hulp gesoek het, is hulp aangebied en 11 (52,4%) was tevrede met die behandeling wat hul ontvang het.

Gevolgtrekking

Die geïntegreerde literatuuroorsig het aangedui dat hulp-soekende gedrag vir urinere inkontinensie laag bly onder vroue. Hulp-soekende gedrag verskil in vroue van verskillende bevolkingsgroepe. Daar word aanbeveel om die hulp-soekende gedrag van die groep vir wie die diens ontwerp moet word, te ondersoek.

Die primêre studie bevestig voorheen gerapporteerde data dat min vroue wat ly aan urinêre inkontinensie, hulp soek. Die primêre studie verskaf data vir 'n gemengde self geklassifiseerde rassegroep van vroue in Suid-Afrika. Die aantal vroue wat ly aan blaasbeheer probleme was 28,2% en slegs 25% van hierdie vroue het hulp gesoek.

Om ‘n volwaardige diens daar te stel is verdere navorsing nodig om gesondheidswerkers se kennis van urinêre inkontinensie te bepaal. Die identifisering van beskikbare behandelings opsies en toeganklikheid van die behandeling benodig ook verdere ondersoek.

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Glossary of terms

Help-seeking behaviour: Help-seeking behaviour has been described as the identification of a problem followed by an action to seek help from a health professional. [1]

Urinary incontinence: Urinary incontinence is defined as involuntary urine leakage. [2] The main types of Urinary incontinence are stress urinary incontinence, urgency incontinence and mixed urinary incontinence.

Stress urinary incontinence: is the complaint of involuntary loss of urine with physical effort, coughing, sneezing or laughing. [2]

Urgency urinary incontinence: is the loss of urine associated with urgency. [2]

Mixed urinary incontinence: includes both stress urinary incontinence and urgency incontinence symptoms. [2]

Postural urinary incontinence: Complaint of involuntary loss of urine associated with change of body position, for example, rising from a seated or lying position. [2]

Nocturnal enuresis: Complaint of involuntary urinary loss of urine which occurs during sleep. [2]

Mixed urinary incontinence: Complaint of involuntary loss of urine associated with urgency and with effort or physical exertion or on sneezing or coughing. [2]

Continuous urinary incontinence: Complaint of continuous involuntary loss of urine. [2]

Coital incontinence: Complaint of involuntary loss of urine with coitus. This symptom might be further divided into that occurring with penetration or intromission and that occurring at orgasm. [2]

Chapter One : Introduction and Study Context

Introduction and Background

Urinary incontinence

Urinary incontinence has been reported to as a global problem affecting 27.6% of women, [3] with the prevalence ranging from 4.8% to 58.4%. [3] The reports in this regard are mostly from Northern hemisphere and developed countries. In Africa, a total of 12.9% of Nigerian women, 1.7% of Liberian women and 7.8% of Ethiopian women have been reported as suffering from urinary incontinence. [4,5,6] There is a notably decreased percentage of women who have reported urinary incontinence in Africa in comparison to the developed countries. Bowling et al [5] suggested that the low prevalence of urinary incontinence in Liberian women could be the result of younger participants in a country with a low life expectancy. In South Africa, the prevalence of urinary incontinence ranged from 27.5% to 35.4%. [7,8]

Urinary incontinence can be treated either surgically or conservatively managed based on the complexity of the case. Conservative management, where appropriate, can include a combination of lifestyle advice, physical therapies (pelvic floor muscle training, scheduled voiding regimes, behavioural therapies) or medication. [9]

Help-seeking behaviour

The prevalence of urinary incontinence has been explored in many papers and in numerous countries, including South Africa. As mentioned, the condition is treatable, but what is not yet understood is whether women seek treatment for this condition, and when it is that women decide to seek such treatment.

To answer these questions, a preliminary search of the literature regarding the help-seeking behaviour of women suffering from urinary incontinence was conducted. The purpose of the review was to identify potential research shortfalls. Koch [10] attempted to answer these questions through an integrative literature review published in 2006 which reviewed five papers each from a different country but none from Africa. Koch reported that 38% of women sought help for their condition. [10] Koch suggested further research in this regard to better understand the help-seeking behaviour of women thus afflicated, and concluded that the health professional should be aware of this low help-seeking behaviour of women. [10] The level of understanding among health professionals was also questioned. Namely, are health professionals knowledgeable enough about urinary incontinence to offer the most appropriate treatment?

The preliminary literature search yielded more papers not included in the integrative literature review by Koch, [10] hence it was decided to update the review. The aim of the integrative literature review is be to summarise both the reasons and barriers to seeking help for urinary incontinence.

To better understand the women locally, and for clinical application, a primary study was required. This is because women of different racial backgrounds have been shown to seek help for different reasons. [11]

South Africa

South Africa is a diverse country with 11 official languages and 9 provinces. The population is reported to be more than 52 million, of which an estimated 27 million (51%) are women. The Western Cape Province, the primary study setting, has approximately 3.7 million people. [12]

The health sector is divided into public and private healthcare delivery systems. Statistics South Africa have reported that 80% of the country's population access public health services. [12] In the Western Cape Province, 52.5% of the population access public health services. Service delivery is provided by the district and provincial health departments, namely Cape Town City Health Department and Western Province Health Department. [13] The country's public health sector has a tiered health system. The entry points into the system are the primary healthcare facilities which include clinics and day hospitals. The services offered include well baby clinics, curative care for both adults and children, family planning, pap smears screening, diagnosis and treatment of Tuberculosis, treatment of sexually transmitted infections, voluntary counselling and testing for HIV and Aids, pregnancy-related care, dental care and condoms. Not all the services listed are available at all the facilities but differ from centre to centre. [14]

A primary study was needed to understand the help-seeking behaviour of women in the Western Cape's, Cape Metropole. A descriptive cross-sectional study was done using a custom designed survey for women attending a public health facility. The aim of this study is to determine the prevalence of urinary incontinence, the percentage of women who seek help in this regard, and to describe the barriers to, and the reasons for, seeking help. This will offer the service providers a better understanding with which to tailor services around the needs of women in a South African context.

Study Context

This study addresses one primary objective: to gain a better understanding of the help-seeking behaviour of women suffering from urinary incontinence. There are two parts to achieving this objective. The first is an integrative literature review which provides an updated summary of the literature pertaining to this subject for clinicians and researchers. An update was required as the previous integrative review included five papers and five population groups, [10] but did not include a single African country. The review also provides the basis for embarking on the primary study, which provides a South African context. The literature with an African context is lacking, as few studies can be found. As a result of this, a descriptive cross-sectional survey was therefore conducted to offer insight into the help-seeking behaviour of women with urinary incontinence in South Africa.

Thesis overview

This thesis is written in article format and consists of four chapters. Chapter 1 comprises the thesis introduction and motivation. Chapter 2 is an integrative literature review summarising the reasons and barriers to seeking help for women suffering from urinary incontinence. The chapter is formulated for journal submission under the title, “The help-seeking behaviour of women with urinary incontinence: An integrative literature review”. Chapter 3 describes the primary research study, a descriptive cross-sectional survey. This chapter will be submitted for publication in the *International Urogynecology Journal* and will be titled, “Describing the help-seeking behaviour of women with urinary incontinence in the Cape Metropole.” Author instructions will be followed (Addendum A). The abstract of this chapter was presented in an E-poster presentation at the International Urogynecological Association’s Annual Scientific Meeting 2016 (Addendum B). Chapter 4 comprises the general thesis discussion, literature contributions, thesis limitations, strengths, recommendations and final conclusions drawn.

A reference list will be provided at the end of the thesis and individual chapter references will be compiled for journal submission.

Chapter Two : The Help-Seeking Behaviour of Women with Urinary Incontinence: An Integrative Literature Review

Abstract

Understanding the help-seeking behaviour of women suffering from urinary incontinence is important to effectively manage the condition.

Aim: The purpose of this review is to update an integrative review about the help-seeking behaviour of women with urinary incontinence. The review will present a summary of the help-seeking behaviour, as well as the reasons offered for and the barriers to help-seeking behaviour.

Results: Following a systematic search of seven databases, 26 papers were reviewed and data extracted. Only 22.5% of women reported seeking help. Shame, embarrassment and opinions from family or friends were identified as reasons to seek help as well as barriers to seeking help. Symptom severity was the most reported reason for seeking help with normalising and embarrassment being the most reported barriers to seeking help. From the 26 papers, nine reasons for seeking help and 22 barriers were identified.

Conclusion: The help-seeking behaviour of women with urinary incontinence remains low. Although there are similar reasons for seeking help and barriers to seeking help, women from different countries have different responses in this regard.

Key words

Help-seeking, help-seeking behaviour, urinary incontinence

Introduction

Less than 38% of women suffering from urinary incontinence seek help for the condition. [10] In an integrative review of the literature, factors that affect help-seeking behaviour were identified and include the type of urinary incontinence, the severity of symptoms and the woman's age. [10] These factors either lead women to seek treatment or are considered a barrier to seeking treatment. Other variables which influenced the help-seeking behaviour of women included their quality of life scores, beliefs about the condition and their perceptions and emotions regarding urinary incontinence. [15]

Emotions identified as playing a role included embarrassment and shame. [15] The perception that urinary incontinence was a normal consequence of childbirth or ageing, the belief that surgery was the only treatment available and that surgery would not resolve the condition were reported. Siddiqui et al [16] concluded that women of different racial backgrounds had differing perceptions regarding urinary incontinence. Black, Arab, Asian and Hispanic women blamed themselves and attributed the development of urinary incontinence as a consequence of their own actions, such as not resting after childbirth. [16]

Reasons for women seeking help were identified in an integrative literature review done by Koch [10] in 2006. The reasons included concern about developing a more serious medical condition and having urinary incontinence impact upon their health. Women reported on the knowledge gained through public media which led to them to seeking help. [17] Women who had a positive attitude towards health care were more likely to seek advice and assistance from a healthcare provider. This was echoed in a review of the psychocultural meaning of urinary incontinence. [18] Higa et al [18] reported that older women normalise the condition because of childbirth. Younger women, on the other hand, were more affected emotionally through self-shame and embarrassment. The perceptions women held about urinary incontinence influenced their decision to seek treatment. [18]

Koch [10] recommended further research to better understand women's the help-seeking behaviour. Greater understanding in this regard would thereby assist

healthcare providers to provide more appropriate interventions for help-seeking women with urinary incontinence.

Methodology

This Integrative literature review followed the same methodology used by Koch. [10] Ganong's six-step methodology (Figure 2.1) was used for data collection, analysis and synthesis.

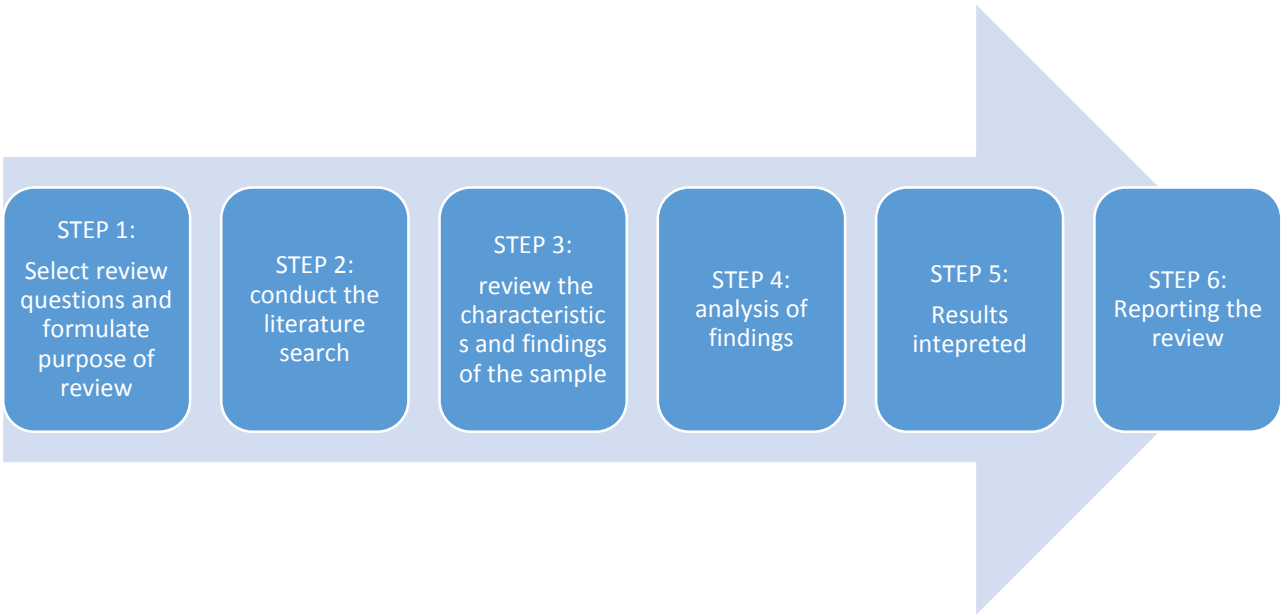

Figure 2.1:Ganong's Six-step methodology

The following databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Review, Google Scholar, PubMed, Science Direct, Scopus and Web of Science. MEDLINE and OVID were not searched, instead Cochrane, Pubmed, Science direct, Scopus and Web of science were included databases. The reason for this was to increase the possibly of more papers. Combinations of the following keywords were used: urinary incontinence, help-seeking behaviour, help-seeking, treatment-seeking, treatment-seeking behaviour and health-seeking behaviour. The databases were searched for papers indexed between January 2007 and June 2016.

All study designs were included. Published papers were included when reporting on: non-institutionalised women presenting with urinary incontinence; reasons for seeking help listed, barriers to seeking help listed, and published in the English language from 2006. Papers in which the focus was lower urinary tract symptoms were included. Instances of both male and female participants were only included if the data was presented separately. This differs from the criteria set by Koch [10], papers reporting female-only participants were included. The papers were included to extract the female participants' data, when reasons offered as well as the barriers for seeking help.

Published abstracts, citations, book chapters and reviews were excluded, as were papers presenting male-only participants' data. When combined male and female data was presented, if the female data could not be extracted the paper was excluded. Where the focus was on surgical intervention or faecal symptoms reported as well as no reasons offered for help-seeking behaviour, these papers were also excluded.

The author and two reviewers were involved in the selection process. The reviewers were both qualified physiotherapists with an interest and clinical experience in female urinary incontinence. Titles and abstracts were screened using the inclusion criteria. Papers were excluded at title level, abstract level and finally at full text level (Figure 2.2). At each level the papers were reviewed independently and differences discussed between reviewers until agreement was achieved. Selected full-text papers were obtained and the data extracted by the author.

The objectives of this paper are to summarise the percentage of women seeking help for urinary incontinence, describe the reasons for seeking help, identify the barriers to seeking help and describe factors associated with help-seeking behaviour.

Results

Of the 1352 titles reviewed, 566 duplicate titles were removed and 629 titles excluded. The abstracts of 157 papers were reviewed and 84 were excluded. The full text of 73 papers were reviewed and 47 papers were excluded. The review included 26 papers. (Figure 2.2.)

Figure 2.2: Selection of papers

Characteristics of the Papers Reviewed

The sample sizes of the studies varied from 93 to 2732 in the quantitative studies. [19,20] The participants ranged between 15 and 88 years of age. [4,21] The oldest reported participant was 88 and hailed from Sri Lanka. [21] (*Table 2.1, Table 2.2, Table 2.3*)

Data collection instruments

Data from the quantitative studies (Table 2.4) were collected using validated and newly-constructed questionnaires. Interviewer-administered questionnaires were the favoured method of collecting data, used in 13 studies. [4, 11, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29] In two of the studies, questionnaires were mailed to participants [30,31] and the response rate was 55% and 72% respectively. [30,31] Telephonic interviews were conducted in two studies. [19, 11] Self-administered questionnaires were used in five studies. [31, 32, 33, 34, 35] Both self-administered and interview-administered questionnaires were reported in four studies. [35, 36, 37, 38]

Country	Sample	Data Collection Method	Sought help
Malaysia [20]	2732 women aged 19 years and older from the community	Interview administered survey	23.1%
Canada [30]	382 women aged 16 to 44 years primiparous with UI	Questionnaires mailed	11.1%
India [25]	220 community based women aged 18 and older	Interview administered survey	20%
USA [22]	149 women community dwelling aged 30 years and older with self -identified urinary incontinence attending Korean religious centres	Interview administered questionnaires	12.8%
Egypt [23]	1231 women aged 30 years and older attending an outpatient clinic of Urology and Gynaecology departments whose chief complaint is NOT UI	Interview administered questionnaire by a research nurse	20%
USA [36]	2270 community dwelling women aged 40 to 69 years (1784 no diabetes and 486 with diabetes)	Self-administered questionnaires and in-person interviews	42.2% to 55.5%
Turkey [27]	600 females working nurses aged 20 to 65 years	Interview administered questionnaires	18.7%
USA [11]	571 Black and White community dwelling American women with self-identified urinary incontinence aged 35 to 64 years	Telephonic interview administered questionnaire	51%
USA [35]	149 Korean American women with urinary incontinence from the community	Questionnaires were either self-completed or administered face to face	Not available
Nigeria [4]	139 women identified with urinary incontinence from a larger community based study aged 15 to 85 years	Interview administered questionnaires	12.9%
Netherlands [31]	225 women aged 55 years and older with UI	Questionnaires completed via post	36%

United Arab Emirates [24]	429 Emirati women aged 30 years and older attending family development foundation centres	Interview administered questionnaires by a trained healthcare worker	49.5%
Canada [19]	93 women aged 20 years or older	Telephonic interview administered questionnaire	55.8%
USA [34]	144 elder American Indian women aged 55 years and older	Self-completed questionnaires	Not available
China [33]	408 women aged 30 to 50 years	Self-completed questionnaires	3.9%
Iran [28]	313 postmenopausal women aged 45 to 60 years	Questionnaire guided interviews	27.3%
Sri Lanka [21]	400 women aged 21 to 88 years attending an outpatient department in a tertiary care hospital	A questionnaire administered by a female interviewer in a private setting	12.9%
China [32]	305 women aged 40 to 65 years with stress urinary incontinence in the community	Self-administered questionnaire in their home	33.4%
Poland [37]	141 women aged 26 to 81 years from an out-patient clinic and an incontinence association(Uroconti)	Self-completed questionnaire and interviews	3.75% to 11.5%
Egypt [29]	249 women over the age of 20 years	individualized interviews	10.8%

Table 2.1: Quantitative papers

In the qualitative studies, interviews, focus group discussion and administered questionnaires were methods used to collect data. Unstructured interviews guided by open-ended questions were used in the study. [38] Semi-structured interviews were conducted in two other studies and one study used focus groups to collect data. [26, 39, 40] All interviews were recorded and transcribed.

One study used a mixed-methods design, see Table 2.3. [41] Data was collected through Interviewer-administered questionnaires, focus groups and in-depth interviews.

Participants were recruited from religious and medical centres, telephone listings or through community surveys. Hägglund [38] recruited from a database from a previous larger study.

Country	Sample	Data Collection Method
Sweden [38]	13 Women who had not sought treatment for	Interviews in the participants' home by the same interviewer
UK [26]	9 South Asian Indian women attending language classes. (4 from India, 4 from England and 1 from Pakistan)	Semi structured interview with broad questions
UK [40]	Four focus groups with six women in each of South Asian Indian women in Leicester attending community centres	Focus groups divided into different age groups conducted in the language of the participant. Facilitated by a bilingual moderator
Netherlands [39]	26 post-partum Dutch-speaking women	In-depth interviews conducted by 2 female interviewers
Germany [42]	49 women aged 41 to 86	4 semi-structured focus groups

Table 2.2: Qualitative papers

Country	Sample	Help sought	Collection method
Sri Lanka [41]	1718 ever-married women aged 15-49. 8 women in 6 focus group. 5 in-depth interviews.	6.25%	Interview- administered questionnaires, clinical history, clinical examination and gynaecological samples where needed(quantitative). Focus groups: health care providers consisting of gynaecologists, GPs and traditional healers(qualitative). Focus group with guided questions of women with urinary incontinence(qualitative). In-depth interviews, recorded and transcribed(qualitative).

Table 2.3: Mixed- methods papers

Reasons for seeking help

The help-seeking behaviour was reported in 19 papers, with the average rate being 22.5%. [4, 11, 19, 20, 21, 22, 23, 24, 25, 27, 28, 29, 30, 31, 32, 33, 36, 37, 41] American, Canadian and Emirati researchers reported that more than 40% of their participants had sought treatment. [11,19,24] The percentage of women who sought treatment ranged between 6.25% and 55.8%. [41,19]

Shame, embarrassment, and family opinions were reported as both a barrier and a reason for seeking help. [11, 20, 21, 24, 27, 28, 29, 32, 33, 36, 38, 39, 40, 41, 42] Egyptian women were encouraged by their husbands to seek help and German women were encouraged by family members. [23, 42] Korean American women were advised not to seek help by their social support. [35]

Reason for seeking treatment	**Country**
Symptom Severity	Egyptian [22], Korean-American [35], Canada [19], American [36], Polish [37], German [42]
Impact on Quality of Life	Korean-American [35], American [36], Malaysian [20], Emirati [24] German [42]
Other symptoms: Haematuria and suprapubic pain Urine odour Coital incontinence Sexual relationship	 Malaysian [20] American [36] Egyptian [22] Emirati [24]
Prayer affected	Egyptian [29], Emirati [24], Iranian [28]
Shame and embarrassment	Chinese [32], American [36]
Concern more serious disease	Iranian [28], American [36]
Family/Husband encouragement	Egyptian [23], German [42]
Social rejection	Chinese [32]
Fear it may become worse	German [42]

Table 2.4: Reasons for Help-Seeking Behaviour

Symptom severity was reported in six papers and was the most reported reason for seeking help. [19,23,35,36,37,42] German women had reported a fear of the symptoms getting worse as a reason for seeking help. [42]

Impact on quality of life

Malaysian, Egyptian, American and German women whose urinary incontinence negatively impacted their quality of life sought help for their condition. [20, 23, 35, 36, 42] The ability to conduct prayer impacted Egyptian and Iranian women and was reported as a reason for seeking help. [23,28] American women with diabetes reported that urinary incontinence made them feel depressed, impacting their quality of life. [36] These women also reported that urinary incontinence symptoms made them feel older, compounding their depression. Kang, Phillip and Lim [35] reported the impact of urinary incontinence symptoms on the quality of life of Korean American women as a reason for seeking help. Egyptian women of Islamic faith reported the urinary incontinence symptoms affected their ability to perform prayers. [23] Emirati women echoed the same sentiments, with the impact on their ability to practice their faith being the strongest factor promoting help-seeking behaviour. [24] Both Egyptian and Emirati women sought help when suffering from coital incontinence. [23,24]

Malaysian women who complained of pain and haematuria alongside urinary incontinence symptoms sought assistance. [20] The Egyptian and American women were concerned it could be a more serious medical condition. [23,36] However, American women also sought help because of the odour of their urine. [36]

Barriers to help-seeking behaviour

Barrier	Authors
Normalising	Canadian [19,30], Sri Lankan [21,41], Korean American [22], Nigerian [4], Egyptian [23,29], Malaysian [20], Emirati [24], Dutch [31,39], Indian [25], Turkish [27], American [36], Polish [37], Iranian [28], Chinese [33], South Asian Indian [26,40], Swedish [38], German [42]
Embarrassed	Canadian [30], Sri Lankan [21,41], Egyptian [23,29], American [11], Emirati [24], Malaysian [20], Turkish [27], Swedish [38], South Asian Indian [26,40], Dutch [39], Iranian [28], Chinese [33], German [42]
No serious enough	Korean American [22] Nigerian [4], Malaysian [20], Dutch [31], Indian [25], South Asian Indian [26,40], Swedish [38], Polish [37], Iranian [28], Egyptian [29], German [42]

Unaware of available treatment	Canadian [30], Sri Lankan [21], Korean American [22], Nigerian [4], American [11], Emirati [24], Malaysian [20], American [36], South Asian Indian [26], Dutch [39], Egyptian [29]
Spontaneous recovery	Canadian [19,30], Korean American [22], Egyptian [23], Emirati [24], Indian [25], Dutch [39], Polish [37], German [42], South Asian Indian [26], Sri Lankan [41]
Financial reasons	Korean American [22], Nigerian [4], Egyptian [22,29], American [11], Malaysian [20], Indian [25], American-Indian [34], Iranian [28]
No cure	Nigerian [4], Dutch [39], Indian [25], Turkish [27], Chinese [33], Egyptian [29], German [42]
Fears	Egyptian [29], Nigerian [4], American [11], Malaysian [20], Indian [25], Polish [37], Sri Lankan [21]
Coping	Egyptian [23], Malaysian [20], Dutch [37], Indian [25], American [36], Chinese [33], German [42]
Attitude regarding health professional	Korean American [35], Emirati [24], South Asian Indian [26], Dutch [39], Polish [37], German [42]
Negative attitude towards urinary incontinence	Korean American [35], Dutch [39], Indian [25], Turkish [27], American [36], South Asian Indian [26]
Too busy	Canadian [30], Sri Lankan [21], Indian [25], Dutch [39]
Knowledge about the condition	Korean American (little knowledge) [35], Egyptian [29] (caused by other disease), German [42]
Low expectation from health care services	Egyptian [29], South Asian Indian [26], German [42]
Shame	Polish [37], German [42], Sri Lankan [21]
Too shy	Nigerian [4], Indian [25]

Access to services	Korean American [35], Canadian [30]
Doctor did not ask	American [11], German [42]
Surgery is the only treatment available	Sri Lankan [21]
Language barrier	Korean American [22]
Social support advised against it	Korean American [35]
Long waiting time	American-Indian [34]

Table 2.5: Barriers for Help-seeking Behaviour

A belief that urinary incontinence was a normal part of ageing and/or was because of childbirth were reported in 20 papers. [4, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31 , 33, 36, 37, 38, 39, 41, 42] Despite the Turkish sample consisting of nursing staff with medical knowledge, they too normalised urinary incontinence and did not seek help [27].

Women who were unaware of available help were presented in 11 papers. [4, 11, 20, 21, 22, 24, 26, 29, 30, 36, 39] Canadian women reported not knowing who to ask for help or that help was even available as the women they had spoken to said it was normal consequence of childbirth. [30] Korean American women were never advised from their social support to seek help and were unaware that help was available for urinary incontinence. [35] Emirati women lacked knowledge about available treatment. [24] Neither Malaysian nor American women knew where to go or who to seek help from. [20,36]

Embarrassment was presented in 16 papers as a barrier to seeking help. [11, 20, 21, 23, 24, 26, 27, 28, 29, 30, 33, 38, 39, 40, 41, 42] Sri Lankan women were too embarrassed to talk to a doctor about it and Turkish women were too embarrassed to talk about it with anyone. [21,27] In detailed interviews, Dutch and South Asian Indian women in the UK explained that they were too embarrassed to discuss something so private with anyone. [26,39,40]

Indian and Dutch women respectively believed there was no cure for urinary incontinence. [25,31] Turkish women preferred to ignore the symptoms and believed help would not work. [27] South Asian Indian women living in the UK explained in the interviews how their faith guided them to believe that their illness, urinary incontinence, came from God and that he would take it away. [26]

Authors of seven papers reported that women did not feel their symptoms were serious enough to seek intervention. [20, 23, 25, 33, 36, 37, 42] Nigerian women also felt it was not life-threatening and therefore did not seek help. [4] Korean American women felt it was a minor problem they could self-manage. [22]

The perceptions held about urinary incontinence influenced its identification as a problem needing medical attention. Sri Lankan women did not perceive urinary incontinence as a medical condition. [21] Dutch women were told by relatives it was normal after childbirth and would recover spontaneously. [39]

In 9 papers, it was reported women did not seek help because of financial constraints or perceived costs involved in treatment. [4, 11, 20, 22, 23, 25, 28, 29, 34] American and Korean American women reported a lack of health insurance as influencing their decision. [11,22]

The type of health professional encountered influenced the help-seeking behaviour of women in six papers. [24, 26, 35, 37, 39, 42] Both Emirati and Korean American women preferred female health professionals. [24,35]. South Asian Indian women in the UK preferred allied health professionals as they were often female, as well as a doctor from the same ethnic background. [26] American women felt the doctor should have enquired about urinary incontinence symptoms. [11]

Sri Lankan women reported being too busy with family-related responsibilities to seek medical attention for urinary incontinence. [21] Postpartum Canadian women reported placing the needs of their infants before their own and therefore were too busy to seek help for their urinary incontinence. [30] Indian women had no time to seek help due to family commitments. [25]

The types of fears women harboured were described in seven papers. Among these fears, women feared complication during treatment. [4, 11, 20, 21, 25, 29, 37] American women feared doctors, surgery and medication. [11] Malaysian women feared the treatment and Indian women had a fear of hospitals. [20,26]

Difficulty accessing services was reported in two studies. [30,35] Korean American women were often dependant on someone to provide transportation and therefore did not seek help. [35]

Egyptian women had a low expectation of the health care services available. [29] South Asian Indian women in the UK reported that doctors had reinforced there was nothing they could offer them. [24]

The factors associated with Help-seeking behaviour

Adedokun and Morhason et al [4] reported Nigerian women with lower levels of education were more likely to seek help. However, higher education levels, constipation, impact on activities of daily living and awareness of a genital lump had positive associations amongst Emirati women [24]. Pregnancy, parity, vaginal birth, complicated labour, diabetes mellitus, chronic cough, constipation and faecal incontinence were positively associated with help-seeking behaviour amongst Sri Lankan women suffering stress urinary incontinence. [21] An association between age, parity and recurrent urinary tract infection was found in Turkish women. [27] Malaysian [20] women had a positive association of female lower urinary tract symptoms, age and parity. Amongst American women, regular pelvic and breast examinations and an increase in help-seeking behaviour was seen amongst Black American women. [11] Canadian post-partum women who had decreased quality of life scores had an increased help-seeking behaviour. [30] Frequency of nocturia, severity and use of sanitary towels held the same association amongst Canadian women. [30] Korean American women who suffered from severe urinary incontinence had positive associations with health care support such as health insurance. [35] Social support from friends and available information also facilitated help-seeking behaviour amongst the Korean American women. [35] Amongst Chinese women, a moderate internalised feeling of

shame resulted in stronger intentions to seek care with greater social rejection resulting in increased help-seeking behaviour. [33]

Age and lower levels of distress due to the urogyneacological symptoms were significant predictors for not being known by the GP as having urinary incontinence amongst Dutch women. [31]

Discussion

This update has reviewed the data from 26 papers. Previously, five papers were reviewed and reported on. This review included all study designs, which resulted in data from 16 countries compared to the five countries in the previous review. Koch [10] suggested further research on this topic to better understand the help-seeking behaviour of women with urinary incontinence. This review provides more understanding on the subject and summarises help-seeking behaviour barriers and reasons for this among women who suffer from urinary incontinence.

The percentage of women who sought help for Urinary Incontinence

The percentage of women who have sought help for urinary incontinence as reported in this review is 22.5%. This is less than the 38% reported previously.

The differing reports could be due to the different study designs and the data collection methods used the latter of which could have influenced the information offered by the participants. A mailed questionnaire, for instance, does not guarantee that the participant is the person completing it is the participant. Moreover, a telephonic interview could be overheard which could result in private information not being disclosed. The different sampling methods employed, as well as the use of a medical facility compared to community sampling could also have influenced the results. These were just some of the differences observed across the studies.

Other papers published over the last ten years offered insight into the influence of geographical demographics of women with urinary incontinence. Women from different countries have different beliefs and understanding of urinary incontinence. Despite the cultural differences reported, previously reported reasons for seeking help have been reaffirmed in this review. Symptom severity and the impact on quality of life are two such reasons.

Various factors were identified as barriers for women seeking help. In both this and the previous review, normalising urinary incontinence because of ageing or childbirth was the most reported reason, but was not reported in all the articles. Koch [10] reported that women who had information about the condition were more likely to seek help.

Access to a health professional, trust in the health professional and feeling comfortable with the professional all influence the decision to seek help. Sri Lankan women in rural areas have in previous papers reported a lack of trust in the confidentiality of healthcare workers in the community. [41] Korean American women indicated that the doctor should be the person to initiate the discussion of urinary incontinence, as opposed to themselves. [35]

Factors associated with help-seeking behaviour

Factors associated with help-seeking behaviour included impact on quality of life, experiences that were perceived as normal and beliefs about treatment. These were factors that were identified in the previous review. Other factors including severity of symptoms, emotions and lack of knowledge about treatment availability were reported in some of the papers.

Limitations

Onw limiting factor is that the type of urinary incontinence was not explored which could influence the decision to seek help. An exploration of this could provide better insight into the symptomology and impact of the symptoms experienced. The inclusion criteria of the different papers were not explored as some countries included participants as young as 15 years old [4]. Recruitment of participants could also have an influence and was varied in the papers reviewed. Community dwelling and those already seeking help for another medical condition at a medical facility could influence the results as well.

The impact of the health systems was not explored as some countries have more developed systems compared to others.

Conclusions

This review offers insight into the barriers to and reasons for seeking help of women from different countries. The review supported the factors reported previously and provided more insight into the help-seeking behaviour. Women from different countries have similar reasons and barriers to seeking help for urinary incontinence. The varied beliefs held by women from different countries and demographical backgrounds have an influence. To provide a specific service, it is recommended that help-seeking behaviour studies be conducted within the group or country the service will be offered in.

Chapter Three
Describing the Help-seeking Behaviour of Women with Urinary Incontinence in the Cape Metropole

Abstract

Introduction: Although urinary incontinence is a prevalent condition, the number of women seeking help remains low. This study aims to describe the help-seeking behaviour of women with urinary incontinence in the Cape Metropole.

Objectives: To determine the prevalence of urinary incontinence in the Cape Metropole, the percentage of women who have sought help, factors associated with help-seeking behaviour, barriers to seeking help, and to describe the help received and the patient's perception thereof.

Methods: A descriptive cross-sectional study was performed using a custom designed survey. The survey was administered to women over the ages of 18 years attending a primary healthcare centre.

Results: 759 women were invited and 667 completed the survey. The prevalence of urinary incontinence was n=188 (28.2 %), of which n=46 (25%) had sought help. The median age of the women who sought help was 52 years (19-79 years). Women who had sought treatment had a poorer perception of their general health (p=0.05) and experienced more severe symptoms (symptom severity p=0.02) compared to the group who had not sought help. The most common barriers to selected with regard to seeking treatment were a lack of knowledge about available treatment, ability to cope with current presentation/symptoms, and a belief that urinary incontinence was a normal consequence of ageing and childbirth. Thirty-eight (64.9%) women who sought help were offered treatment. Medication was offered to n=14(56%), surgery to n=8(32%) and physiotherapy to n=2(8%). The treatment offered helped n=11(52.4%) of the women.

Conclusions: Few women sought help for urinary incontinence. The reasons for this could be addressed by addressing their understanding of urinary incontinence as a condition as well as the treatment options available in order to help them make an informed decision

when it comes to seeking help. The most selected reason for seeking help was the degree of bother. Half the women who received help, felt an improvement. Going forward, a two-pronged approach is suggested, which involves educating women about the condition and what treatment options are being offered by the healthcare provider.

Keywords

Urinary incontinence, Help seeking, South Africa

Introduction

Help-seeking behaviour has been described as the identification of a problem followed by an action to seek help from a health professional. [1] The process begins when the individual identifies a health problem that requires the assistance of a health professional, or when self-management is no longer sufficient. The identification of the problem is then followed by the decision to seek help. Understanding the process of patients' help-seeking behaviour has received increasing attention in medical research, including the field of urinary incontinence. [43]

Current literature has been focussed on surveying individual nationalities, ethnicities or racial groups. It has been suggested, however, that the perceptions held about urinary incontinence could differ amongst different ethnicities and cultures. [18] Populations surveyed in Europe, reported urinary incontinence as part of ageing or because of childbirth. [31,39] Embarrassment, and symptom severity have been reported as barriers to seeking help for UI. [31,39] These barriers result in the problem not being identified and as a consequence no help is therefore sought. Hägglund and Wadensten [38] concluded that women who reported long-term urinary incontinence, suffered from a fear of humiliation. Sri Lankan women feared vaginal exams as well as being stigmatised for suffering from urinary incontinence. [41] North American, Taiwanese and Australian women feared surgery and thought it the only treatment available. [11,44,45] Middle-eastern women had no confidence in the services offered. [22] South Asian Indian women living in the United Kingdom reported the perception of no cure which was reinforced by the general practitioners they had spoken to. [40] The information provided by these general practitioners was then shared amongst the women who sought advice from each other. Sri Lankan women felt more comfortable discussing these matters with female health practitioners. [42] North American women felt the doctor should enquire about symptoms of urinary incontinence, as opposed to them raising the subject. [11]

In South Africa, the prevalence of urinary incontinence has been reported as being between 27.5% and 35.4%. [8,7] South Africa has been described as a multi-cultural, multi-racial country. [13] The reasons for seeking help, and barriers to seeking help, are applicable to the population groups studied. Due to South Africa's diversity, it becomes important to survey a mixed group of women. The aims of this study was therefore to describe the help-seeking behaviour of a mixed group of South African women.

Methods

The study objectives included the following:

1. To determine the prevalence of urinary incontinence of women visiting a primary healthcare centre in Cape Metropole.
2. To determine the percentage of women who have sought treatment for urinary incontinence
3. To describe the factors associated with help-seeking behaviour
4. To document the barriers to seeking help for urinary incontinence
5. To describe the help received and the patients' perception thereof

Study Design

A descriptive cross-sectional study was performed using a custom designed survey.

Study Setting

The Cape Metropole is an urban area of 2440km^2, where 3.7 million people reside. It is the second largest economic hub of South Africa [13], with an unemployment rate reported as 23.9%. [13] The Cape Metropole consists of eight health sub-districts, three of which have been purposefully selected to reflect ethnic, cultural and social diversity. [12]

Study population

Women aged 18 years and older attending a primary health clinic in the Cape Metropole.

Sample size

The prevalence of urinary incontinence in South African women of 27.5% to 35.4% has been reported in previous studies. [8,7] Using this data, a sample size of 385 was calculated for a 95% confidence interval for prevalence of urinary incontinence.

Research team

The research team consisted of the primary investigator (PI), IsiXhosa interpreter and a statistician. The PI was a trained physiotherapist with clinical experience in the field of women's health. An IsiXhosa interpreter was available for women who only communicated in Xhosa. A statistician, from Stellenbosch University, assisted with the data analysis and interpretations.

Ethics

Ethical permission was obtained from the Health Research Ethics Committee (S14/05/122) (Addendum C). Permission to conduct the study within the various PHC's was obtained from the Provincial Department of Health (Addendum D) and City of Cape Town Health Research Department (Addendum E).

Written informed consent was obtained from all participants in three languages, English, Afrikaans and isiXhosa. (Addendum F)

A permission letter was sent to the hospital manager at Tygerberg Hospital to conduct the pilot study in the Urogyneacology out-patient clinic. (Addendum G)

Instrumentation

The survey was piloted with women attending a public health Urogyneacology out-patient clinic at Tygerberg Hospital. The pilot was done using the English version of the questionnaire (Addendum H) and was used to test if the women understood the questions being asked. A follow-up questionnaire was used to test whether the participants felt comfortable answering the questions, understood the questions asked, and requested additional axplanation regarding the questionnaire. There were no corrections or changes required. (Addendum I)

Data was collected using a custom designed survey (Addendum H) the content of which was based on an integrative literature review (Chapter 2). The survey comprised of seven sections, A to G and was available to participants in English, Afrikaans and isiXhosa. The translation of the questionnaire from English to Afrikaans and isiXhosa was done by Stellenbosch University's language lab.

Section A is demographic information excluding any information that could identify the patient. *Section B* consists of obstetric and gynaecological questions and *Section C* covers surgical history. *Section D* consists of questions about the participant's medical history. *Section E* is a list of symptomology questions which were compiled based on the International Continence Society list of symptoms and definitions. *Section F,* the King's Health Questionnaire, offers health-related quality of life questions for women suffering from urinary incontinence. The King's Health Questionnaire has been validated in English, Afrikaans and isiXhosa for women accessing the public health services in South Africa. [46] It is used to measure the change in the quality of life following treatment. In this

instance, it will used to measure the difference between those who have sought help and those who have not, with a higher score indicating a lower quality of life. *Section G* is help-seeking behaviour related and the help-seeking behaviour based questions included reasons for and barriers to seeking help for urinary incontinence, the source of help and the treatment offered.

Sampling

Three out of eight health sub-districts: Tygerberg, Khayelitsha and Central District were purposefully selected. These were chosen based on ethnic, cultural and social diversity therefore a sample of convenience was used. A total of 10 facilities were surveyed. (Table 3.1)

Facility name	Facility address
Nolingile CHC	Lawrence road Site C, Khayelitsha
Kasselsvlei CHC	Kasselsvlei road, Bellville
Elsies River CHC	26th Avenue, Elsiesriver
Green Point CHC	Portswood road, green Point
Dr Abdurahman CHC	Eland and Ebbehout street, Kewtown,Athlone
Parow CHC	22 Smith street, Parow
Woodstock CHC	Mountain road, Woodstock
Site B CHC	Lwandle road, Site B, Khayelitsha
Maitland CHC	3 Norfolk street, Maitland
Ravensmead CHC	Florida street, Ravensmead

Table 3.1: List of Facilities surveyed

Data collection

Study Procedure

One primary healthcare centre was randomly allocated a different day of the week for the study purposes. The research team consisting of a physiotherapist (PI) and an interpreter visited the selected facility on the day selected.

Participant recruitment at the primary healthcare centres included multiple posters (Addendum J) placed in visible areas with an explanation of the research. Information was available in English, Afrikaans and isiXhosa. The PI approached women in the various

waiting areas and invitations were extended and explained to individuals and/or small groups.

A quiet room or space was provided by the primary healthcare centres to complete the survey. The participants were given the opportunity to complete the survey themselves, while the research team was available for assistance, it was therefore possible to have more than one survey completed in the room or space. The women who were unable to read or write were assisted by the research team. In these cases the PI continued to read the survey to the women and completed it on their behalf. No additional explanations were offered.

All the participants completed *Section A* to *Section D.* A screening question was asked at the end of *Section D,"* Do you leak urine even when you do not mean to?" Women who answered "no" had reached the end of the survey, those who answered "yes" were required to continue answering the rest of the survey. The group of women who had not sought help were offered information about urinary incontinence as well as the option for referral for treatment. All the women were thanked for their participation at the end of their respective sessions.

Statistical Analysis

Statistical analysis was done in consultation with a statistician. Data were analysed using Stata version 13.1 (StataCorp, Texas). Continuous variables were summarised using median and range, and categorical variables were summarised using proportions. Comparison of a continuous variable by urinary incontinence status was done using the Wilcoxon rank-sum test, and a chi-square test was used to test association between categorical variables.

Results

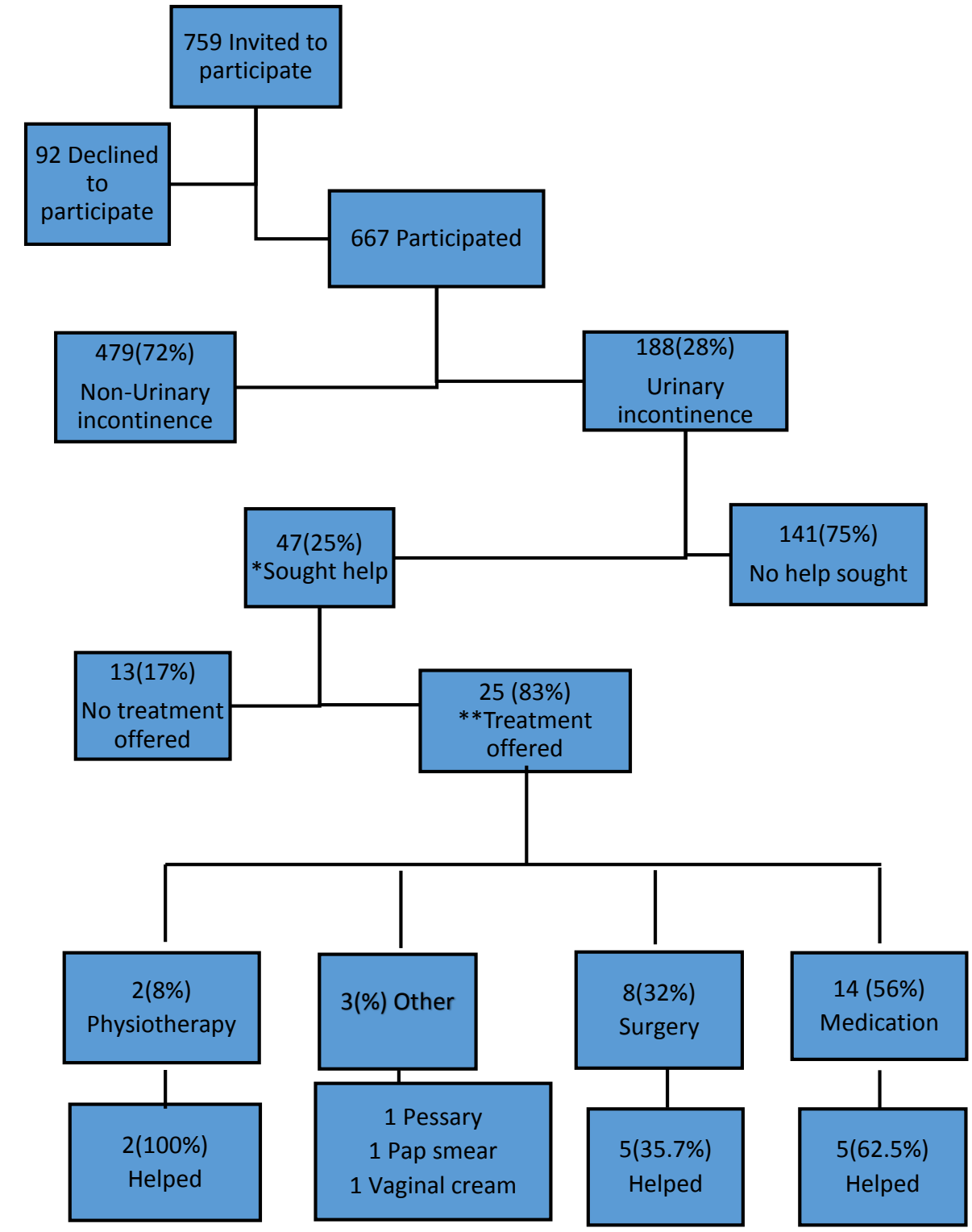

*Figure 3.1: Flow Chart (*Sought help from health professional. **Multiple responses)*

Demographics of the participants n=667(87.9%)

From the 759 women invited to participate in the survey, 667(87.9%) surveys were completed. The 92 women who declined, were not asked to offer reasons (Figure 3-1).

The median age was 42 years (19-91 years). A total of 355 (53.2%) participants were self-classified as Coloured, n=227(41.5%) as Black, n=24(3.6%) as White and n=11(1.7%) as Indian. Twelve (1.8%) women were unable to read the survey. High school education with varied levels of completion was achieved by 467(70%), and n=58(8.7%) women had further education beyond a matriculation certificate. A large proportion of the participants were unemployed, n=279(41.8%). Pensioners, n=107(16%), and social grants, n=28(4.2%), accounted for those dependant on government funds. (Table 3.2)

Characteristic	Participants	Urinary incontinence	non-urinary incontinence	p-value	Sought help	No-help sought	p-value
Median Age (Range)	42(19-91)	49(19-81)	37(19-91)	<0.001	52(19-79)	49(20-83)	0.615
	N=667 (%)	**N=188 (%)**	**N=479 (%)**		**N=47 (%)**	**N=138 (%)**	
Marital Status							
Married	239(35.8)	80(42.6)	159(33.2)	0.20	19(42.2)	59(45.8)	0.713
Single	239(35.8)	56(29.8)	183(38.2)		16(35.6)	38(27.5)	
Widowed	82(12.3)	24(12.8)	58(12.1)		5(11.1)	19(13.8)	
Cohabiting	50(7.5)	11(5.9)	39(8.1)		1(2.2)	9(6.5)	
Divorced	41(6.2)	13(6.9)	28(5.9)		4(8.9)	9(6.5)	
Separated	16(2.4)	4(2.1)	12(2.5)		0(0.0)	4(2.9)	
Race							
Coloured	355(53.2)	113(60.1)	242(50.5)	<0.001	32(71.1)	78(56.5)	0.314
Black	227(41.5)	58(30.9)	219(45.7)		9(20.0)	47(34.1)	
White	24(3.6)	8(4.3)	16(3.3)		2(4.4)	6(4.4)	
Indian	11(1.7)	9(4.8)	2(0.4)		2(4.4)	7(5.1)	
Education							
Grade 10- 12	302(45.3)	72(38.3)	230(48.0)	0.032	20(44.4)	51(37.0)	0.162
Grade 8-10	165(24.7)	54(28.7)	111(23.2)		16(35.6)	35(25.4)	
Tertiary	58(8.7)	11(5.9)	47(9.8)		2(4.4)	9(6.5)	
Grade 7 complete	55(8.3)	22(11.7)	33(6.9)		1(2.2)	21(15.2)	
Grade 4-7	55(8.2)	20(10.6)	35(7.3)		4(8.9)	16(11.6)	
Grade 1-4	20(3.0)	7(3.7)	13(2.7)		1(2.2)	5(3.6)	
No education	12(1.8)	2(1.1)	10(2.1)		1(2.2)	1(0.7)	
Employment							
Unemployed	279(41.8)	78(41.5)	201(42.0)	0.009	16(35.6)	60(43.5)	0.75
Permanent	168(25.2)	35(18.6)	133(27.8)		11(24.4)	23(16.7)	
Pensioner	107(16.0)	41(21.8)	66(13.8)		12(26.7)	29(21.0)	
Casual	57(8.6)	13(6.9)	44(9.2)		3(6.7)	10(72)	
Irregular	28(4.2)	8(4.3)	20(4.2)		1(2.2)	7(5.1)	
Grant	28(4.2)	13(6.9)	15(3.1)		2(4.4)	9(6.5)	

Table 3.2: Characteristics of ALL participants

Urinary incontinence group (n=188) vs non-Urinary Incontinence group (n=479)

The prevalence of urinary incontinence in this cohort was n=188 (28.2%). Women suffering from urinary incontinence, median age of 49 years (19-81 years) (p=<0.001) were older than the women who did not suffer from urinary incontinence, median age of 37 years (19-91 years). Race (p=<0.001), education (p=0.032) and employment (p=0.009) were demographic factors associated with urinary incontinence status, while marital status was not. (Table 3.2).

Symptomology (n=188)

A total of 155 (82.4%) of the women suffering from urinary incontinence, reported involuntary leaking of urine. Continuous involuntary leaking and an inability to stop urine from leaking, were reported by n=59(31.4%) of the women. Getting up one or more times at night to void their bladders affected n=46(24.5%) of the women, while n=116(61.7%) reported involuntary leaking of urine while sleeping. (Table 3.3)

Help-seeking behaviour (n=47)

A quarter of the women n=46(25%) suffering from urinary incontinence n=188(28%) sought help. There was no significant difference (p=0.61) in the age of women seeking help, median 52(19-79) years compared to those who did not seek help. No significance could be found in race(p=0.31), education (p=016) and marital status (p=0.71). (Table 3.2)

Quality of life impact n=188(28%)

Based on the results of the King's Health Questionnaire(Addendum), women who had sought treatment had a poorer perception of their general health (p=0.05) and experienced more severe symptoms (symptom severity p=0.02) in comparison to the women who did not seek help.

Symptom	N (%)
Involuntary leaking of urine	155 (82.4)
Involuntary leaking of urine on effort or physical exertion (e.g. while playing sports or doing exercise) or when sneezing, coughing or laughing	155 (82.4)
Involuntary leaking of urine associated with urgency – in other words, leaking urine when you feel the need to go to the toilet to pee	136 (72.3)
Involuntary leaking of urine associated with change of body position, e.g. as you stand up after having sat or as you sit up after having laid down	135 (71.8)
Involuntary leaking of urine while sleeping	116 (61.7)
Involuntary leaking of urine associated with urgency (see above) as well as on effort or physical exertion or when sneezing or coughing	62 (33)
Continuous involuntary leaking of urine; unable to stop urine from leaking	59 (31.4)
Unaware of how urine leakage happened	56 (29.8)
Involuntary leaking of urine with sexual activity (or during sex)	55 (29.3)
Getting up at night one or more times to pee	46 (24.5)
A sudden desire to pee, but then having difficulty to do so	42 (22.3)

Table 3.3: Symptoms participants experienced

Barriers to seeking help n=141(28%)

A lack of knowledge that urinary incontinence could be treated was offered by most women, n=105 (74.5%), as their reason for not having sought help. A similar number of women, n=104(73.8%), reported that they were coping with the symptoms. A belief that it was normal to suffer from incontinence following childbirth was held by n=90(63.8%) of women, that urinary incontinence was a normal consequence of ageing by n=88(62.4%) or that there was no cure for urinary incontinence by n=26(18.4%) of the women questionned.

Nearly half the women were too embarrassed to ask for help, n=58(41%), or felt uncomfortable discussing the condition with a male doctor, n=30(21.3%), or even a female doctor, n=6(4.3%). Women also reported a fear of surgery, n=53(37.6%), fear of complications because of treatment received n=42(29.8%) and a fear of vaginal examination n=36(25.5%).

Help Sought n=47(25%)

The most selected reason for seeking help was an increase in bother from the symptoms experienced, n=36(76.6%). The concern of a more serious health condition was the second most selected reason, n=33(70%). Increasing severity in the symptoms experienced prompted n=28(59.6%) women to seek help. (Table3-3)

Reasons for Help-seeking	N= 138 (%)
It is bothering me more	36(76.6)
Worried it might be due to a more serious health problem	33(70)
It is becoming worse or more severe	28(59.6)
It is affecting my housework	16(34)
It is affecting my exercise	12(25.5)
It is stopping me from socialising, such as going out to visit family and friends	12(25.5)
It is affecting my sex life	11(23)
It is affecting my prayer	9(19)
Other	7(14)

Table 3.4:Reasons for Seeking Help

Women were offered the opportunity to list other reasons for seeking help. Seven women (14%) offered the following reasons: bladder pain, constipation, impacting work, pain and cyst.

The people the women sought help from the most were a doctors, n=28(59.5%), though women also reportedly contacted a friend n=4(8.5%) or a family member n=8(17%). Treatment was offered to n=25(65.7%) of the women with urinary incontinence who sought help. Medication was offered to n=14(56%), surgery to n=8(32%) and only n=2(8%) women were offered physiotherapy treatment. While most of the women n=21(87%) tried the treatment that was offered, only n=11(52.4%) reported that the treatment helped. The listed treatment options gave the women the opportunity to choose more than one treatment. The women reported that surgery helped n=5(62.5%), medication helped n=5(35.7%) and physiotherapy helped n=2(100 %). (Table 3.4)

Help sought from	N=47
Doctor	28(59.5)
Family member	8(17)
Nurse	7(15)
Friend	4(8.5)
Treatment offered	N=38
Yes	25(65.7)
No	13(34.2)
Treatment offered (multiple response)	N=25
Medication/tablets	14(56)
Surgery	8(32)
Physiotherapy	2(8)
Treatment tried	N=24
Yes	21(87.5)
No	0
Unavailable	0
Still waiting	3(12.5)
Treatment helped	N=21
Yes	11(52.4)

Table 3.5: Help-seeking Behaviour of urinary incontinent group

Discussion

This is the first study to report on the help-seeking behaviour of women at a primary healthcare centre in South Africa.

A quarter of the women with urinary incontinence reported they had sought help, which this is in accordance with previously published papers. The literature suggests that older women are more likely to seek treatment due to underlying concerns of a more serious condition. In this report, the average age of the group who sought help was older in comparison to the group who had not. However, more women reported seeking help due to the negative impact on their quality of life as opposed to their concerns about their condition.

This paper's focus is on help sought from a health professional. The inclusion of help sought from family and friends stems from Korean American women who reported their social support had advised them against seeking assistance from a medical professional. [35] In such cases,the person offering advice could either be perpetuating the poor understanding surrounding the condition, or else encouraging these women to seek help from a health professional.

The King's Health Questionnaire is a tool used to determine the effect of treatment on quality of life and is completed before and after treatment. In this instance, it was used to compare the group of women who sought help with those who did not. The data in this study indicates that women who have a lower quality of life score on the King's Health Questionnaire were more likely to seek treatment. This was specific to the perceptions they held about their general health and the severity of their symptoms

The most selected reason for not seeking help by this group of women was a lack of knowledge about the available treatment.

The belief that urinary incontinence is a normal progression of ageing following childbirth was largely accepted by the women in this study. In Canada, post-natal women reported being told by relatives and friends that it was normal to suffer pelvic floor conditions and that this would eventually resolve. [30] This is a shared belief by women from different cultures and religions. The accepted belief that there is no cure available played a rol in the women's choice not to seek any help. These reasons are intertwined and result in maintaining this belief. This indicates the influence of the advice and guidance of those who surround women despite women being at a healthcare centre. The literature suggests that women who attend

healthcare are more likely to seek help. This could be an indication that the percentage of help sought may be much lower in the general population.

Nearly half the women were too embarrassed to seek help; which is one of the identified barriers in published literature. Women listed feeling too embarrassed to explain their symptoms to a male doctor as being a reason for this, and mentioned they were more comfortable discussing it with an allied health worker as they were more likely to be female. [26]

A fear of surgery kept more than a third of the women from seeking help. This indicates the lack of knowledge regarding different treatment options for urinary incontinence. These reasons have been reported in existing literature.

More than half the women who sought help were offered treatment. Conservative management which include physiotherapy and medication, has been recommended as the first line of treatment for mixed urinary incontinence. [9] Medication was the most offered treatment followed by surgery, with physiotherapy being the least offered treatment. If only half the women reported that the treatment helped, this indicates that there are women who were treated but not helped. This finding leads to the question of whether health professionals have the sufficient knowledge to offer the appropriate management and treatment.

Women cope in similar ways with urinary incontinence irrespective of their demographics. This tells us that education regarding the condition can be done across the board. Other questions to ask in this regard are as follows: Are the healthcare professionals sufficiently knowledgeable about urinary incontinence as a condition and the best treatment approaches for it? Do they ask women, who are more at risk for developing urinary incontinence, if they have or suffer from any of the symptoms? Some have sought help, fewer have received it, why did they not receive help? How can we assist women seeking help for urinary incontinence?

Conclusions

Few women seek help for urinary incontinence and this study has provids insight into the help-seeking behaviour of women with urinary incontinence. The reasons for not seeking help can all be addressed. Providing knowledge about the condition will give the women the opportunity to make an informed decision with regard to seeking help. Going forward a two-

pronged approached is suggested: educating women about the condition, and marketing the various treatment options available.

Limitations

Only the English version of the survey was piloted. Also, there was no correction required following the pilot which could be considered a limitation as the isiXhosa and Afrikaans versions of the survey were not piloted. Previous papers have reported the influence of cultural and racial beliefs on the help-seeking behaviour of women with urinary incontinence, however this was not explored in this study. The King's Health Questionnaire was used to compare two groups of women, but not to test the quality of life of the individual with urinary incontinence. The sensitivity of the questionnaire comes into question as it was not used for its intended purpose, namely the effect of intervention.

Further research

A country-wide survey should be conducted for generalisability. Further research should be done to determine if healthcare professionals are knowledgeable enough about urinary incontinence and the treatments available. This includes doctors and nurses as they constituted the majority of health professionals the women sought help from. Further research could determine available treatment facilities, treatments offered and how accessible they are. This would contribute to service delivery planning.

Chapter Four
General Discussion and Conclusion

Contribution to literature

Integrative Literature Review

Urinary incontinence affects women globally. The review did provide an update and include more article and more diverse nationalities. All continents were represented and 16 countries investigated. The average prevalence reported for this review was 22.5% compared to the 38% reported by Koch [10], who had reported on the help-seeking behaviour of women from five countries, five papers. This review, on the other hand, summarised the data from 26 papers. Koch [10] suggested more research to better understand the help-seeking behaviour of women with urinary incontinence. This review offers better understanding in this regard.

The barriers to seeking help are issues that can be addressed and thereby encourage women to seek help for this condition. Providing information about urinary incontinence will offer women the opportunity to make an informed decision. One of the most reported reasons for not seeking help, was being unaware of available treatment. Information such as this can easily be shared and offers clinicians and service delivery planners the opportunity to address the needs of the women for whom the service is available. This integrative literature review provides other researchers with an updated summary of the reasons and barriers for the help-seeking behaviour of women with urinary incontinence.

Primary study

The primary study is the first to report data on the help-seeking behaviour of women at a primary healthcare centre in South Africa thereby contributing to local data and insight A quarter of the women with urinary incontinence reported they had sought help, which is slightly higher than the average in the literature review. This indicates that most women do not seek treatment. The reasons for seeking treatment and barriers reported are in accordance with current literature. The most selected reasons for not seeking help were as follows: belief that urinary incontinence is a normal progression of ageing following childbirth, no cure available, too embarrassed

and a fear of surgery. [4, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 36, 37, 38, 39, 42]

Although normalising urinary incontinence because of ageing or childbirth, this was not reported in all the articles. The knowledge and understanding about the condition acted as a barrier to seeking help. This is further emphasised by the normalisation of the condition and lack of help-seeking behaviour.

Impact on quality of life, emotions and symptom severity were factors associated with help-seeking behaviour. These reasons were reported previously.

For the women who had sought help, medication was the most prescribed treatment followed by surgery. Approximately a third of the women were offered surgery. The literature indicates treatment approaches to include medication and physiotherapy where appropriate. [9]

Clinical implications

For service delivery, it is important to gain a broader understanding of the help seeking behaviour of women with urinary incontinence. This is especially important when there are larger groups of demographically diverse women attending the same facilities.

The barriers reported by South African women differ from those summarised from the literature review. Not all the reasons and barriers may be relevant to all South African women, as these are specific to the Cape Metropole. Nevertheless, this provides the government with necessary information with which to plan and promote healthcare appropriately.

Limitations

Integrative literature review

The type of urinary incontinence was neither explored nor specified. Conducting a review of this would therefore contribute to the growing body of knowledge about this condition. The inclusion criteria of the different papers could be explored as some countries included participants as young as 15 years old. [4] It has been reported that older women are more likely to seek help, which could influence the rate at

which such help is sought. Recruitment of participants could also have an influence and was varied in the papers reviewed.

Primary study

Participants were recruited from primary healthcare facilities. The literature suggests that people who seek medical attention for other conditions are more likely to seek help for urinary incontinence as well, therefore the percentage of women who had sought help may be much lower when sampling from the community instead.

Cultural and racial beliefs and their effect on the help-seeking behaviour of women with urinary incontinence was not explored. The King's Health Questionnaire was used to compare two groups of women, and not to test the quality of life of those with urinary incontinence. The sensitivity of the questionnaire comes into question as it was not used for its intended purpose as in the effect of intervention.

Further Research

It is recommended that further research into the help-seeking behaviour of women with urinary incontinence be more aligned, as the collection of data and sampling variation could impact the outcome. Further research into developing a valid and reliable tool for the collection of data for help-seeking behaviour of women with urinary incontinence is suggested. To have clinically relevant data, it is recommended that more research be conducted in the areas where the service is to be offered to determine the barriers to address it. Although all study designs were included, it was the differences and similarities within the study designs that were apparent. The investigators had to design their own questionnaires, especially the help-seeking behaviour aspect thereof hence a validated reliable tool to collect data for the help-seeking behaviour is needed.

Overall Conclusion

Help-seeking behaviour remains low for women who suffer from urinary incontinence. The reasons for and barriers to this have been summarised, both from existing literature and following a local study. An opportunity exists to promote help-seeking behaviour now that the barriers have been established. It is possible that

more women will seek treatment when they are become educated about the condition and the treatment options available.

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Addenda

Addendum A: International Urogynecolgy Journal: Instructions for authors

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When submitting, a full First or Middle name is required for all authors. A complete Last name is required of all authors. For example, A. Clark Hobson is acceptable as an author name, but A.C. Hobson is not. Examples of potential conflicts of interests that are directly or indirectly related to the research may include but are not limited to the following:

• Research grants from funding agencies (please give the research funder and the grant number) • Honoraria for speaking at symposia

• Financial support for attending symposia

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• Employment or consultation • Support from a project sponsor

• Position on advisory board or board of directors or other type of management relationships

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• In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research, or professional interests or personal beliefs that may influence your research.

The corresponding author collects the conflict of interest disclosure forms from all authors. In author collaborations where formal agreements for representation allow it, it is sufficient for the corresponding author to sign the disclosure form on behalf of all authors. Examples of forms can be found here.

The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list, that reflects what is recorded in the potential conflict of interest disclosure form(s).

See below examples of disclosures:

Funding: This study was funded by X (grant number X).

Conflict of Interest: Author A has received research grants from Company A. Author B has received a speaker honorarium from Company X and owns stock in Company Y. Author C is a member of committee Z.

If no conflict exists, the authors should state: Conflict of Interest: The authors declare that they have no conflict of interest.

Patient Confidentiality

Patients have a right to privacy; identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, videos, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Patient consent should be written and available to the IUJ Editors upon request.

For Images in Urogynecology and Video articles, authors must obtain written consent from the patient. All authors must include a statement before the References section under the heading ‘Consent’ which reads: ‘Written informed consent was obtained from the patient for publication of this Images in Urogynecology / Video article (please delete as appropriate) and any accompanying images.’

Review Process

Once a manuscript has been submitted, the corresponding author will be contacted by email. Manuscripts that do not conform to the journal style (see Manuscript Preparation below) will be returned to the corresponding author for revision and resubmission online, prior to being considered for publication.

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Authors must not simultaneously submit their manuscript to another journal if that manuscript is under consideration by the International Urogynecology Journal (IUJ). Redundant or duplicate publication is considered as a manuscript that overlaps substantially with one already published in print or electronic media. At the time of manuscript submission, authors must inform the editor about all submissions and previous publications that might be regarded as redundant or duplicate publication of the same or very similar work. Any such publications must be referred to and referenced in the new manuscript. Copies of such material should be included with the submitted manuscript as a "supplemental file".

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- Omit reference to the work of other investigators that establishes a priority
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Manuscripts must be written in clear, concise English and conform to the specifications described herein. Manuscripts that are considered poor quality in terms of English, grammar, and spelling and require extensive revisions for clarity may be returned to the author for revision prior to proceeding to the peer review process. Springer offers a manuscript revision service through Edanz, and can be accessed through a link on the IUJ Springer homepage. Edanz may also be

accessed directly at www.edanz.com . This is associated with a fee for service, which is the author's responsibility.

Authors are asked to add continuous line numbering to their manuscript.

Terminology

It is suggested that "Methods, definitions, and units conform to the standards jointly recommended by the International Urogynecological Association and the International Continence Society and, except where specifically noted" (Haylen et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. Into Urogynecol J 2010; 21:5-26.

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- Brief summary (25 words)
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o Each author's participation in the manuscript

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• Keywords (up to 6) required

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o Figure legends / descriptions may be up to 250 words each

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o Abstract (up to 200 words)

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2. Method
3. Results (if presenting data)
4. Conclusion Presenting results and using tables is encouraged.

- Keywords (up to 6)
- Up to 10 references
- Video format:

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• Other (please specify briefly using 1 to 5 words)

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o TS Jones: Data collection

o AJ Davis: Manuscript writing

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• Methods (include sample size and statistical approaches).

• Results - The Results must contain sufficient data for readers to evaluate the credibility of the conclusion. All of the data does not need to be presented. The conclusion should be an inference, not a summary.

• Conclusions - Readers should be able to understand the question asked in the study and why and how it was done.

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- Summarize the main findings from most to least important, including a statement whether the results are consistent with the stated hypothesis.

- Discuss how the results confirm or contrast with published literature.
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- Write a paragraph concerning the limits of the study – this is critical. The inferences made throughout the Discussion must be written bearing in mind the constraints of the methodological limitations of the work. Papers written without this section will not be considered for publication.
- Summarize and Conclude. The conclusion is an inference. Within the constraints of the limitations of the study, the authors may boldly speculate regarding the significance of the findings and future research.

Acknowledgements

The acknowledgements should be as brief as possible. They should include the specific contributions of all persons who have substantially contributed to the work reported, e.g. technical assistance, data collection, analysis, writing or editing assistance, but who do not fulfill authorship criteria. Authors should obtain written permission from all persons listed in the Acknowledgement section. All institutional and corporate funding sources should be mentioned. The names of funding organizations should be written in full.

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Reference citations in the text should be identified by numbers in square brackets. Some examples:

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- Online document

Cartwright J (2007) Big stars have weather too. IOP Publishing PhysicsWeb. http://physicsweb.org/articles/news/11/6/16/1 . Accessed 26 June 2007

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- Haylen, B.T., Freeman, R.M., Swift, S.E., Cosson, M. and Davila, G.W. et al (2011) An International Urogynecological Association (IUGA) / International

Continence Society (ICS)joint terminology and classification of the complications related directly to the insertion of prostheses (meshes, implants, tapes) & grafts in female pelvic floor surgery. Int Urogynecol J 22:3-15. doi: 10.1007/s00192-010- 1324-9.

• Toozs-Hobson, P., Freeman, R., Barber, M., Maher, C. and Haylen, B. et al. (2012) An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for reporting outcomes of surgical procedures for pelvic organ prolapse. Int Urogynecol J 23:527-535. doi: 10.1007/s00192-012-1726-y

• Haylen, B.T., de Ridder, D., Freeman, R.M., Swift, S.E. and Berghmans, B. et al. (2010) An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. Int Urogynecol J 21: 5-26. doi: 10.1007/s00192-009-0976-9

• Bernard T. Haylen, B.T., Freeman, R.M., Lee, J., Swift, S.E. and Cosson, M. et al. (2012) An International Urogynecological Association (IUGA)/International Continence Society (ICS)joint terminology and classification of the complications related to native tissue female pelvic floor surgery. Int Urogynecol J 23: 515-526. doi: 10.1007/s00192-011-1659-x

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Addendum B: Abstract presented at International Urogynecology Association Annual Scientific meeting 2016

Describing the help-seeking behaviour of women

Abstract

Introduction: Although UI is prevalent, the number of women who seek help remains low. This study aims to describe the help-seeking behaviour of women with urinary incontinence in the Cape Metropole.

Objectives: To determine the prevalence of UI in the Cape Metropole, determine the percentage of women who have sought help, factors associated with help-seeking behaviour, barriers to seeking help, describe the help received and the patient's perception of treatment received.

Methods: A descriptive cross-sectional study was performed using a custom designed survey. The survey was administered to women over the age of 18 years attending a primary healthcare centre who had volunteered to participate.

Results: 759 women were invited and 667 completed the survey. The prevalence of UI was 28.2 % (n=188), of which n=46(25%) had sought help. The median age of the women who sought help was 52 years (19-79 years). Women who had sought treatment had a poorer perception of their general health (p=0.05) and experienced more severe symptoms (symptom severity p=0.02) compared to the group who had not sought help. The most selected barriers to seeking treatment were a lack of knowledge about available treatment, coping, a belief that UI was a normal consequence of ageing and childbirth. 38 of the n=46 (64.9%) women who sought help were offered treatment. Medication was offered to n=14(56%), Surgery to n=8(32%) and physiotherapy to n=2(8%). The treatment offered had helped n=11(52.4%) women.

Conclusions: Few women sought help for UI. The reasons for not seeking help were reasons that can be addressed. Addressing their understanding of UI as a condition as well as the treatment available will help them make an informed decision to seek help. The most selected reason for seeking help was bother. Half the women who had received help, felt an improvement. Going forward I suggest a two-pronged

approached, educating women but also what treatment the healthcare provider is offering.

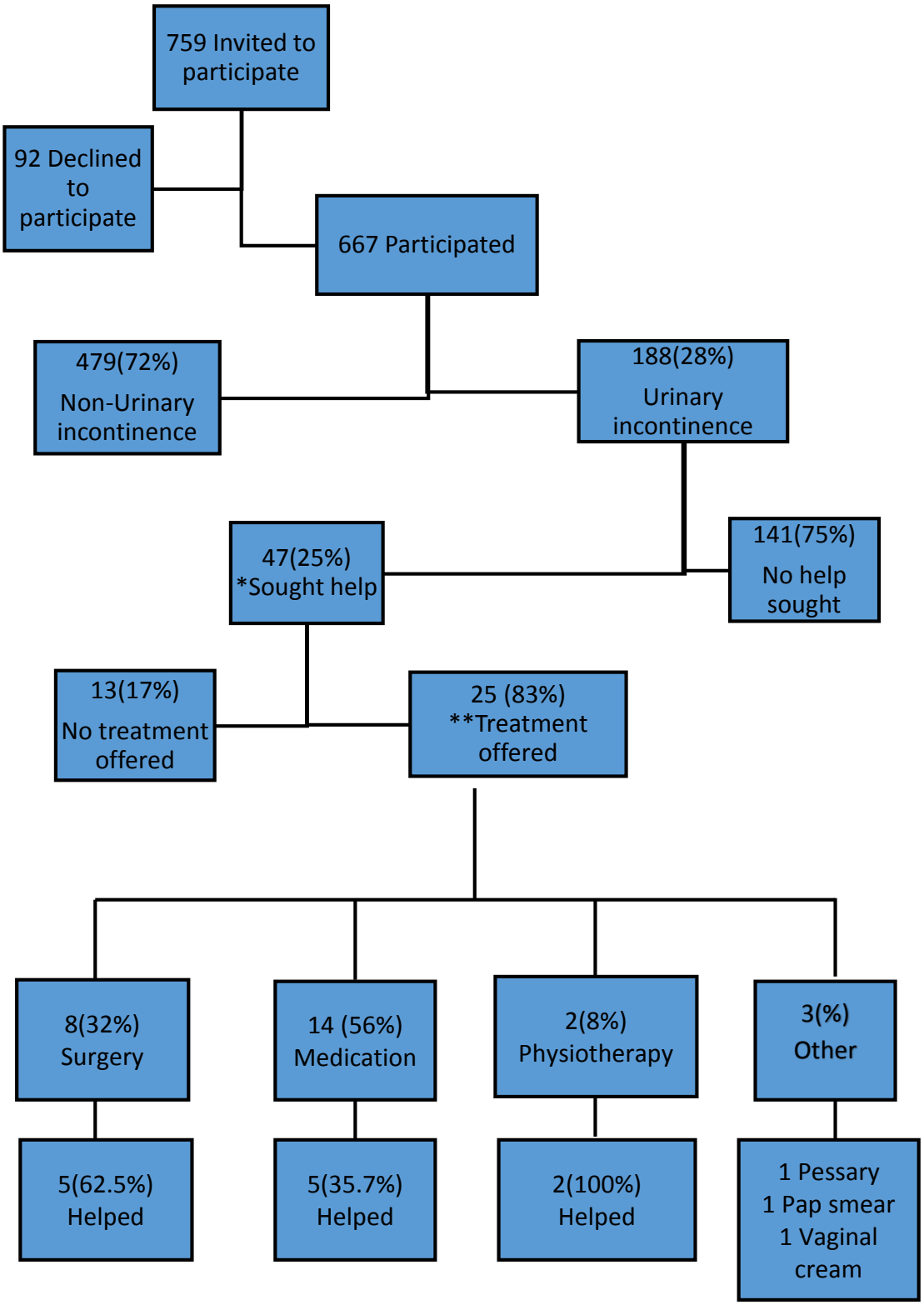

Figure 3: Flow chart

*:*Sought help from health professional. **Multiple responses*

Characteristic	Participants	UI	non-UI	p-value	Sought help	No-help sought	p-value
Median Age (Range)	42(19-91)	49(19-81)	37(19-91)	<0.001	52(19-79)	49(20-83)	0.615
	N=667 (%)	**N=188 (%)**	**N=479 (%)**		**N=47 (%)**	**N=138 (%)**	
Marital Status							
Married	239(35.8)	80(42.6)	159(33.2)	0.20	19(42.2)	59(45.8)	0.713
Single	239(35.8)	56(29.8)	183(38.2)		16(35.6)	38(27.5)	
Widowed	82(12.3)	24(12.8)	58(12.1)		5(11.1)	19(13.8)	
Cohabiting	50(7.5)	11(5.9)	39(8.1)		1(2.2)	9(6.5)	
Divorced	41(6.2)	13(6.9)	28(5.9)		4(8.9)	9(6.5)	
Separated	16(2.4)	4(2.1)	12(2.5)		0(0.0)	4(2.9)	
Race							
Coloured	355(53.2)	113(60.1)	242(50.5)	<0.001	32(71.1)	78(56.5)	0.314
Black	227(41.5)	58(30.9)	219(45.7)		9(20.0)	47(34.1)	
White	24(3.6)	8(4.3)	16(3.3)		2(4.4)	6(4.4)	
Indian	11(1.7)	9(4.8)	2(0.4)		2(4.4)	7(5.1)	
Education							
Grade 10- 12	302(45.3)	72(38.3)	230(48.0)	0.032	20(44.4)	51(37.0)	0.162
Grade 8-10	165(24.7)	54(28.7)	111(23.2)		16(35.6)	35(25.4)	
Tertiary	58(8.7)	11(5.9)	47(9.8)		2(4.4)	9(6.5)	
Grade 7 complete	55(8.3)	22(11.7)	33(6.9)		1(2.2)	21(15.2)	
Grade 4-7	55(8.3)	20(10.6)	35(7.3)		4(8.9)	16(11.6)	
Grade 1-4	20(3.0)	7(3.7)	13(2.7)		1(2.2)	5(3.6)	
No education	12(1.8)	2(1.1)	10(2.1)		1(2.2)	1(0.7)	
Employment							
Unemployed	279(41.8)	78(41.5)	201(42.0)	0.009	16(35.6)	60(43.5)	0.75
Permanent	168(25.2)	35(18.6)	133(27.8)		11(24.4)	23(16.7)	
Pensioner	107(16.0)	41(21.8)	66(13.8)		12(26.7)	29(21.0)	
Casual	57(8.6)	13(6.9)	44(9.2)		3(6.7)	10(72)	
Irregular	28(4.2)	8(4.3)	20(4.2)		1(2.2)	7(5.1)	
Grant	28(4.2)	13(6.9)	15(3.1)		2(4.4)	9(6.5)	

Table 0-1: Demographics

Reference:

- Apostolidis A, de Nunzio C, Tubaro A. What determines whether a patient with LUTS seeks treatment?: ICI-RS 2011. Neurourol Urodyn 2012;31(3):365-369.

Addendum C: Ethical Approval

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Approval Notice
New Application

05-Aug-2014
Jacobs, Lonese LC

Ethics Reference #: S14/05/122
Title: **Describing the Help-Seeking Behaviour of women with urinary incontinence in the Cape Metropole.**

Dear Mrs Lonese Jacobs,

The **New Application** received on **28-May-2014**, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on **05-Aug-2014** and was approved.
Please note the following information about your approved research protocol:

Protocol Approval Period: **05-Aug-2014 -05-Aug-2015**

Please remember to use your **protocol number** **(S14/05/122)** on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired.
The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.
Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219389657.

Included Documents:
Investigator declarations (LJ, SH)
Investigator CV (Hanekom)
HREC general checklist
Investigator CV (Jacobs)

HREC New application form

Protocol

Consent form

Protocol Synopsis

Sincerely,

Franklin Weber
HREC Coordinator
Health Research Ethics Committee 1

Investigator Responsibilities

Protection of Human Research Participants

Some of the responsibilities investigators have when conducting research involving human participants are listed below:

1.Conducting the Research. You are responsible for making sure that the research is conducted according to the HREC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research.

2.Participant Enrolment. You may not recruit or enrol participants prior to the HREC approval date or after the expiration date of HREC approval. All recruitment materials for any form of media must be approved by the HREC prior to their use. If you need to recruit more participants than was noted in your HREC approval letter, you must submit an amendment requesting an increase in the number of participants.

3.Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the HREC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least fifteen (15) years.

4.Continuing Review. The HREC must review and approve all HREC-approved research protocols at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period.** Prior to the date on which the HREC approval of the research expires, **it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in HREC approval does not occur.** If HREC approval of your research lapses, you must stop new participant enrolment, and contact the HREC office immediately.

5.Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the HREC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written HREC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the HREC should be immediately informed of this necessity.

6.Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research-related injuries, occurring at this institution or at other performance sites must be reported to the HREC within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the HRECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch Universtiy Health Research Ethics Committee Standard Operating Procedures www.sun025.sun.ac.za/portal /page/portal/Health_Sciences/English/Centres%20and%20Institutions/Research_Development_Support/Ethics/Application_package All reportable events should be submitted to the HREC using the Serious Adverse Event Report Form.

7.Research Record Keeping. You must keep the following research-related records, at a minimum, in a secure location for a minimum of fifteen years: the HREC approved research protocol and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the HREC

8.Reports to the MCC and Sponsor. When you submit the required annual report to the MCC or you submit required reports to your sponsor, you must provide a copy of that report to the HREC. You may submit the report at the time of continuing HREC review.

9.Provision of Emergency Medical Care. When a physician provides emergency medical care to a participant without prior HREC review and approval, to the extent permitted by law, such activities will not be recognised as research nor will the data obtained by any such activities should it be used in support of research.

10.Final reports. When you have completed (no further participant enrolment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the HREC.

11.On-Site Evaluations, MCC Inspections, or Audits. If you are notified that your research will be reviewed or audited by the MCC, the sponsor, any other external agency or any internal group, you must inform the HREC immediately of the impending audit/evaluation.

Addendum D: Provincial Health

Western Cape Government
Health

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 483 6857: fax: +27 21 483 9895
5th Floor, Norton Rose House., 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: 2014RP127
ENQUIRIES: Ms Charlene Roderick

Unit 706 Witsand
Beach Boulevard
Bloubergrandt
Cape Town
7441

For attention: **Lonese Jacobs**

Re: DESCRIBING THE HELP-SEEKING BEHAVIOUR OF WOMEN WITH URINARY INCONTINENCE IN THE CAPE METROPOLE

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries in accessing the following sites:

Parow CHC	**Sr H Stallenberg**	**Contact No. 021 938 8032**
Ravensmead CHC	**Sr L Brown**	**Contact No. 021 936 8769**
Bellville CHC	**Sr N Levin**	**Contact No. 021 946 3790**
Elsies River CHC	**Sr R Kasker**	**Contact No. 021 931 6023**
Vangaurd CHC	**Mr L Mbanga**	**Contact No. 021 695 8242**
Dr Abdurahman CHC	**Sr S Burger**	**Contact No. 021 638 3319**
Green Point CHC	**Sr A Smith**	**Contact No. 021 421 0286**
Khayelitsha Site B CHC	**Mr D Binza**	**Contact No. 021 631 4835**
Nolingile CHC	**Sr M Mqikela**	**Contact No. 021 387 1107**
Maitland CHC	**Sr J Cilliers**	**Contact No. 021 510 6473**
Woodstock CHC	**Sr A Rayners**	**Contact No. 021 460 9186**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.

2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

3. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR J EVANS

ACTING DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 27/10/14

CC	**K GRAMMER**	**DIRECTOR: SOUTHERN / WESTERN**
CC	**A HAWKRIDGE**	**DIRECTOR:EASTERN/ KHAYELITSHA**
CC	**A BITALO**	**DIRECTOR: NORTHERN / TYGERBERG**

Addendum E: City of Cape Town, City Health Approval

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

CITY HEALTH

Dr Hélène Visser
Manager: Specialised Health

T: 021 400 3981 F: 021 421 4894 M: 083 298 8718
E: Helene.Visser@capetown.gov.za

2014-09-10

Re: Research Request: Describing the Help-seeking Behaviour of women with urinary incontinence in the Cape Metropole (ID NO: 10439)

Dear Ms Jacobs,

Your research has been approved in the Tygerberg Sub District at the following City Health Clinics.

Tygerberg Sub District:	**Parow, Ravensmead and Bellville South (Kasselsvlei) Clinics**
Contact People:	Mrs M Alexander (Sub District Manager) Tel: (021) 938-8279 / 084 222 1471 Mrs D Titus (Head: PHC & Programmes) Tel: (021) 938-8281 / 084 308 0596

Please note the following:

1. These are 'combined' facilities under joint City Health and MDHS management, so approval needs to be obtained from WCG as well.
2. All individual patient information obtained must be kept confidential.
3. Access to the clinics and its patients must be arranged with the relevant Managers such that normal activities are not disrupted.
4. A copy of the final report must be sent to the City Health Head Office, P O Box 2815 Cape Town 8001, within 6 months of its completion and feedback must also be given to the clinics involved.
5. Your project has been given an ID Number (10439). Please use this in any future correspondence with us.
6. No monetary incentives to be paid to clients on the City Health premises.

Thank you for your co-operation and please contact me if you require any further information or assistance.

Yours sincerely

pp Dr Visser

DR G H VISSER
MANAGER: SPECIALISED HEALTH

cc. Mrs Alexander & Mrs Titus
Dr Jennings
Ms Caldwell

Tygerberg HHRT 3/9/2014

yes

NB MOHS - combined facilities

ANNEXURE 2 PROPOSAL SUMMARY

Name of Institution/organisation conducting research	The University of Stellenbosch
Name of Investigators	Lonese Jacobs(Primary investigator) A translator will be advertised for isiXhosa translation.
Postal Address	Unit 706 Witsand Beach Boulevard Bloubergrandt Cape Town 7441
Telephone Number	0826972669
Fax number	N/A
Mobile Number	0826397226
Email Address	Lonese.jacobs@gmail.com
Institution which gave ethical approval	Health Research Ethics Committee 1
Date of Ethical approval	5 August 2014
Date research expected to commence	27 October 2014
Proposed data collection dates at requested facilities	• 06/10/2014: Parow CHC • 07/10/2014: Ravensmead CHC • 08/10/2014: Bellville CHC • 09/10/2014:Elsies River CHC • 10/10/2014:Vangaurd CHC • 12/10/2014:Dr Abdurahman CHC • 13/10/2014:Green Point CHC • 14/10/2014:Khayelitsha Site B CHC • 15/10/2014:Nolingile CHC • 16/10/2014:Maitland CHC • 19/10/2014:Woodstock CHC
Date research expected to end	19/10/2014

Western Cape Districts where research will be done: **(Please mark with an X)**	Metro X West Coast ☐ Cape Winelands ☐ Overberg ☐ Central Karoo ☐ Eden ☐
WC DOH Facilities where research will be done: **(Please list the name of the facility under appropriate category)**	**Tertiary Hospitals:** Tygerberg Hospital for Pilot study **Regional Hospitals:** **District Hospitals:** **Community Health Centres/Community Day Centres:** • Parow CHC ✓ • Ravensmead CHC ✓ • Bellville CHC ✓ • Elsies River CHC • Vangaurd CHC • Dr Abdurahman CHC • Green Point CHC • Khayelitsha Site B CHC • Nolingile CHC • Maitland CHC • Woodstock CHC **Clinics:**
Other facilities in the WC DOH where research will be done (Please specify)	**Psychiatric Hospitals:** **TB Hospitals:** **Other:**

Research title	Describing the Help-seeking Behaviour of women with urinary incontinence in the Cape Metropole
Research aim	The aim of this study is to describe the help seeking behaviour of women with urinary incontinence in the Cape Metropole
Research objectives	• Describe the prevalence of urinary incontinence of women visiting a primary healthcare facility in Cape Metropole • Establish the percentage of women who have sought treatment for urinary incontinence • Identify factors associated with Help-seeking Behaviour • Document the reasons for not seeking help for urinary incontinence • Describe the help received • Describe the patients perception of the help received

Key Words	Urinary incontinence, Help seeking behaviour
Brief description of methodology **(Please specify estimated sample size and duration of contact with each participant e.g. interview length, clinical exams)**	Sample Size: 385 Duration of contact: 15-20 min The primary investigator will invite person-to-person to participate and posters will be put in public areas with information about the research. Women will be invited to participate. Once a consent form has been signed, the participant will be invited to a private space in which to complete the survey questionnaire. As the questions are of a personal nature, privacy is requested. If the patient requires further management as identified in the survey, they will be referred to the appropriate facility for further assessment and management.
Type of Study Design: e.g. Case Co Survey	Cross sectional descriptive study
Budget for research	R6168.60
Source of funding for the research	Diane Orton Scholarship

The research will have implications for the requested facilities regarding:	Yes
1. Additional load on nursing	Non
2. Support services	Non
3. Consumables	Non
4. Laboratory tests	Non
5. Equipment	1 x table 3 x chairs
6. Space	One room or private space
7. Communications	Referral process if a participant is identified with urinary incontinence and accepts further assistance.
8. Additional OPD visits	Non
9. Admission of patients	Non
How will the sites be prepared to participate in your research?	Offer the private space and equipment as previously described and referral process

Results dissemination plan	
1. Tick which groups will be affected by your research findings	1. Provincial managers □ District Directors □ Facility manager & staff X Patients X Community □ Other (please specify): The results of this study will have future planning implications which assist in service delivery to the community.
2. What is the earliest date or time frame from the end of research collection that the feedback (at least the minimum requirements*) will be expected? *** Minimum research findings feedback template**	2. Within one month □ Within one to three months X Within three to six months □ Longer than six months □

Addendum F: Participant consent forms

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:
Describing the Help-seeking behaviour of women with Urinary incontinence in the Cape Metropole

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Lonese Jacobs

ADDRESS: Clinical Building – Room 1038
Francie van Zijl Drive
PAROW 7500

CONTACT NUMBER: *Removed*

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me, Lonese Jacobs, any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline, say no, to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw, stop, from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki 2013, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

- **What is this research study all about?**

  There are 11 Community Healthcare centres that will be visited and women will be invited to participate.

  The aims of this project is to find out how many women leak urine when they do not mean to. We would also like to know if they have asked for treatment for the leaking urine or if they didn't and the reasons for their decision.

  The reason for doing this research project is to be able to understand what we can offer women when they do leak urine. It will also help us understand what the problems are for women who leak urine.

  After reading this, you are invited to participate in the survey. In order to participate, you are asked to sign the form which gives us permission to ask you the questions. If you say yes, you will be directed to a room where I will ask you to answer a set of questions about you and your medical history. There will be questions about bladder problems and your experiences with bladder problems. Only a number will be placed on the answer page and this way no one will know which person answered which questions. If you no longer want to answer the questions, you are welcome to stop at any time.

If you do have a bladder problem and would like help, we will offer you some help. If you decide to take the help, we will help with referring you to a doctor or clinic that can help treat the bladder problem. For this we will need to fill in your personal information, this will be separate from the answer page with the project answer page. If you do not want help, you can say no. Saying no will not affect the medical treatment you have come to seek at this Healthcare centre.

- **Why have you been invited to participate?**

  This study is asking women over the age 18 years to participate as the answers you give us will be very important to us.

- **What will your responsibilities be?**

- *Explain this question clearly*
  I, Lonese, will be available for any questions you might have. It is I who will be collecting the information and keeping it safe.

- **Will you benefit from taking part in this research?**

  This research will benefit women in the future who have a urine leaking problem. If there is a bladder problem and you would like more information or help, we will guide you or refer you to right clinic for your problem

- **Are there in risks involved in your taking part in this research?**

  There is no risk in taking part in this project as we will only be asking questions and if you do not feel comfortable answering the questions, you can stop from participating.

- **Who will have access to your medical records?**

  The information collected will be treated as confidential and protected. No names will be used when this is published. The researching team will have access to this information

Will you be paid to take part in this study and are there any costs involved?

No you will not be paid to take part in the study and there will be no costs involved for you, if you do take part.

Is there any thing else that you should know or do?

- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by the principle investigator.
- You will receive a copy of this information and consent form for your own records.

➢ Declaration by participant

By signing below, I ……..……. agree to take part in a research study entitled *Describing the Help-seeking behaviour of women with urinary incontinence*

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

Signed at (*place*) .....…….. on (*date*) ……...…….. 2014.

....
Signature of participant **Signature of witness**

➢ Declaration by investigator

I ……Lonese Jacobs……..…… declare that:

- I explained the information in this document to ……..
- I encouraged her to ask questions and took adequate time to answer them.
- I am satisfied that she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) .....…….. on (*date*) ……...…….. 2014.

....
Signature of investigator **Signature of witness**

➢ Declaration by interpreter

I *(name)* ……..…… declare that:

- I assisted the investigator (*name*) ……. to explain the information in this document to (*name of participant*) ……..…….. using the language medium of Afrikaans/Xhosa.

- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) .....…..…….. on (*date*) ……...……..

.....	.....
Signature of interpreter	**Signature of witness**

DEELNEMERINLIGTINGSBLAD EN -TOESTEMMINGSVORM

TITEL VAN DIE NAVORSINGSPROJEK:
'n Beskrywing van die hulpsoekgedrag van vroue met urinêre inkontinensie in die Kaapse metropool

VERWYSINGSNOMMER: S14/05/122

HOOFNAVORSER: Lonese Jacobs

ADRES: Clinical Building – Room 1038
Francie van Zijl Drive
PAROW 7500

KONTAKNOMMER: ***Verwyder***

U word genooi om deel te neem aan 'n navorsingsprojek. Lees asseblief hierdie inligtingsblad op u tyd deur aangesien die detail van die navorsingsprojek daarin verduidelik word. Indien daar enige deel van die navorsingsprojek is wat u nie ten volle verstaan nie, is u welkom om die navorsingspersoneel of dokter daaroor uit te vra. Dit is baie belangrik dat u ten volle moet verstaan wat die navorsingsprojek behels en hoe u daarby betrokke kan wees. U deelname is ook **volkome vrywillig** en dit staan u vry om deelname te weier. U sal op geen wyse hoegenaamd negatief beïnvloed word indien u sou weier om deel te neem nie. U mag ook te eniger tyd aan die navorsingsprojek onttrek, selfs al het u ingestem om deel te neem.

Hierdie navorsingsprojek is deur die Gesondheidsnavorsingsetiekkomitee (GNEK) van die Universiteit Stellenbosch **goedgekeur en sal uitgevoer word volgens die etiese riglyne en beginsels van die Internasionale Verklaring van Helsinki 2013 en die Etiese Riglyne vir Navorsing van die Mediese Navorsingsraad (MNR).**

Wat behels hierdie navorsingsprojek?

Ons sal altesaam 11 gemeenskapsgesondheidsentrums besoek en vroue nooi om deel te neem.
Met hierdie projek wil ons uitvind hoeveel vroue se urine (piepie) per ongeluk lek, sonder dat hulle dit kan beheer. Ons wil ook graag weet of daardie vroue al na hulp gesoek het vir die probleem of nie, en hoekom.
Ons doen hierdie navorsing sodat ons kan verstaan hoe ons vroue kan help wie se urine lek. Dit sal ons ook help verstaan watter probleme sulke vroue ervaar.
Nadat jy hierdie inligting deurgelees het, wil ons jou nooi om aan die studie deel te neem. Om deel te neem, sal ons jou vra om 'n vorm te teken waarin jy jou toestemming gee dat ons jou 'n paar vrae vra. As jy ja sê, sal jy na 'n vertrek geneem word waar ons jou 'n stel vrae oor jouself en jou gesondheid sal vra. Party van die vrae sal oor blaasprobleme wees, en oor of jy al enige blaasprobleme gehad het. Ons sal net 'n nommer op die antwoordblad skryf, so niemand sal weet wie watter vrae beantwoord het nie. As jy nie meer die vrae wil beantwoord nie, kan jy ophou wanneer jy wil.

As jy 'n blaasprobleem het en aan die studie wil deelneem, sal ons jou hulp aanbied. As jy besluit om die hulp te aanvaar, sal ons jou help deur jou na 'n dokter of kliniek te verwys wat die blaasprobleem kan help behandel. Daarvoor sal jy jou persoonlike inligting op 'n aparte vorm, los van die antwoordblad, moet invul. As jy nie hulp wil hê nie, kan jy nee sê. As jy nee sê, sal niks sleg met jou gebeur nie en sal jy steeds gewoonweg behandel word vir dit waarvoor jy vandag na hierdie gesondheidsorgsentrum toe gekom het.

Waarom is u genooi om deel te neem?

Hierdie studie nooi vroue van ouer as 18 jaar om deel te neem, want die antwoorde wat jy ons sal gee, is baie belangrik vir ons.

- **Wat sal u verantwoordelikhede wees?**

Jy kan my, Lonese, enigiets oor die studie vra waaroor jy wonder. Ek sal self die inligting insamel en dit veilig wegbêre.

- **Sal u voordeel trek deur deel te neem aan hierdie navorsingsprojek?**

Hierdie navorsing sal in die toekoms ander vroue help wie se urine lek. As jy 'n blaasprobleem het en meer inligting of hulp wil hê, sal ons jou raad gee of na die regte kliniek vir jou probleem verwys.

- **Is daar enige risiko's verbonde aan u deelname aan hierdie navorsingsprojek?**

Hierdie projek is glad nie gevaarlik nie, want ons sal jou net 'n paar vrae vra. As jy nie gemaklik voel om die vrae te beantwoord nie, kan jy ophou deelneem.

- **Wie sal toegang hê tot u mediese rekords?**

Die inligting wat ons by deelnemers kry, sal geheim bly en veilig gebêre word. Niemand se name sal gebruik word wanneer ons later oor die studie skryf nie. Die navorsingspan is die enigste mense wat na die inligting sal kan kyk.

Sal u betaal word vir deelname aan die navorsingsprojek en is daar enige koste verbonde aan deelname?
Nee, jy sal nie betaal word om aan die studie deel te neem nie, en dit sal jou ook niks kos nie.

Is daar enigiets anders wat u moet weet of doen?

Jy kan die Gesondheidsnavorsingsetiekkomitee by 021 938 9207 bel as jy enige probleme of klagtes het waaraan die hoofnavorser nie genoeg aandag gegee het nie. Ons sal jou ook 'n afskrif van hierdie inligtingsblad en toestemmingsvorm gee, wat jy kan huis toe neem.

Verklaring deur deelnemer

- Met die ondertekening van hierdie dokument onderneem ek, ……., om deel te neem aan 'n navorsingsprojek getiteld **'n Beskrywing van die hulpsoekgedrag van vroue met urinêre inkontinensie in die Kaapse metropool**

Ek verklaar dat:

- Ek hierdie inligtings- en toestemmingsvorm gelees het of aan my laat voorlees het en dat dit in 'n taal geskryf is waarin ek vaardig en gemaklik mee is.
- Ek geleentheid gehad het om vrae te stel en dat al my vrae bevredigend beantwoord is.
- Ek verstaan dat deelname aan hierdie navorsingsprojek **vrywillig** is en dat daar geen druk op my geplaas is om deel te neem nie.
- Ek te eniger tyd aan die navorsingsprojek mag onttrek en dat ek nie op enige wyse daardeur benadeel sal word nie.
- Ek gevra mag word om van die navorsingsprojek te onttrek voordat dit afgehandel is indien die studiedokter of navorser van oordeel is dat dit in my beste belang is, of indien ek nie die ooreengekome navorsingsplan volg nie.

Geteken te *(plek)* ……. op *(datum)* …….. 2014.

…… ……

Handtekening van deelnemer **Handtekening van getuie**

Verklaring deur navorser

Ek *(naam)* ……Lonese Jacobs…….…… verklaar dat:

- Ek die inligting in hierdie dokument verduidelik het aan ……
- Ek hom/haar aangemoedig het om vrae te vra en voldoende tyd gebruik het om dit te beantwoord.
- Ek tevrede is dat hy/sy al die aspekte van die navorsingsprojek soos hierbo bespreek, voldoende verstaan.
- Ek 'n tolk gebruik het/nie 'n tolk gebruik het nie. (*Indien 'n tolk gebruik is, moet die tolk die onderstaande verklaring teken.)*

Geteken te *(plek)* ……. op *(datum)* …….. 2014.

…… ……

Handtekening van navorder **Handtekening van getuie**

Verklaring deur tolk

Ek *(naam)* ……..…… verklaar dat:

- Ek die navorser *(naam*) …….……. bygestaan het om die inligting in hierdie dokument in Afrikaans/Xhosa aan *(naam van deelnemer)* ……..... te verduidelik.
- Ons hom/haar aangemoedig het om vrae te vra en voldoende tyd gebruik het om dit te beantwoord.
- Ek ’n feitelik korrekte weergawe oorgedra het van wat aan my vertel is.
- Ek tevrede is dat die deelnemer die inhoud van hierdie dokument ten volle verstaan en dat al sy/haar vrae bevredigend beantwoord is.

Geteken te *(plek*) .....…….. op *(datum*) ……...…….. 2014.

.....	.....
Handtekening van tolk	**Handtekening van getuie**

INCWADANA ENGOLWAZI NGOMTHATHI-NXAXHEBA KUNYE NEFOMU YEMVUMELWANO

ISIHLOKO SEPROJEKTHI YOPHANDO:
Inkcazelo ngezinto ezibonisa ukufuna uncedo kwamakhosikazi anomchamo oziphumelayo kuMbindi weKapa

INOMBOLO YONXULUMANO: S14/05/122

UMPHANDI OYINTLOKO: Lonese Jacobs

IDILESI: Clinical Building – Room 1038
Francie van Zijl Drive
PAROW 7500

INOMBOLO YOQHAGAMSHELWANO: *Removed*

Uyamenywa ukuba athathe inxaxheba kwiprojekthi yophando. You are being invited to take part in a research project. Nceda thatha ixesha lokufunda ulwazi oluvezwe apha, oluzakuthi luchaze iinkcukacha zale projekthi. Nceda buza nayiphina imibuzo emalunga nayiphina indawo ongayiqondiyo ngokupheleleyo kubasebenzi besi sifundo okanye kugqirha. Kubaluleke kakhulu ukuba waniliseke ngokupheleleyo yinto yokuba ucacelwe kakuhle ukuba yintoni ebangwa sesi sifundo kwaye ungabandakanyeka njani. Kwakhona, ukuthatha kwakho inxaxheba **kungentando yakho ngokupheleleyo** kwaye ukhululekile ukuba ungarhoxa ekuthatheni inxaxheba. Ukuba uthi hayi, oku akusayi kuchaphazela ukungavumi kwakho nangayiphina indlela. Ukwakhululekile ukuba uyeke kwesi sifundo naninina, nkqu nokokuba uyavuma ukuthatha inxaxheba ekuqaleni.

Olu phando luvunywe ziinqobo ezisesikweni **zeKomiti yoPhando Lomntu kwiYunivesithi yaseStellenbosch** kwaye luzakwenziwa ngokwemigaqo esesikweni lophando elamkelekileyo kwiSaziso sehlabathi sika-Helsinki, iMigaqo eLungileyo yoMzantsi Afrika yokuSebenza eKliniki kunye neBhunga lezoPhando ngamaYeza (MRC) iMigaqo yeNqobo yezoPhando.

- **Simalunga nantoni esi sifundo sophando?**

Ali-11 amaziko ezeMpilo oluntu aza kutyelelwa yaye amakhosikazi aza kucelwa ukuba athathe inxaxheba.
Iinjongo zale projekthi kukufumanisa ukuba angakanani okanye mangaphi na amakhosikazi anengxaki yomchamo oziphumelayo. Sifuna nokwazi ukuba ingaba balufunile na unyango lokuzichamela yaye ukuba abalufunanga zithini na izizathu zoko.
Injongo yokwenza le projekthi yophando kukufuna ukuba ukuba yintoni esinokuyenza ukunceda amakhosikazi anomchamo oziphumelayo. Iza kusinceda nangokuqonda ukuba zintoni iingxaki zamakhosikazi anomchamo oziphumelayo.
Emva kokufunda oku, uyamenywa ukuba uthathe inxaxheba kolu phando. Ukuze uthathe inxaxheba, uyacelwa ukuba usayine ifomu esinika imvume yokuba sikubuze imibuzo. Ukuba uyavuma, uza kusiwa kwigumbi apho ndiza kukucela khona ukuba uphendule imibuzo emalunga nawe kunye nembali yakho yezempilo. Kuza kubakho imibuzo emalunga neengxaki zesinyi kunye nezinto okhe waziva apha emzimbeni wakho ngenxa yeeengxaki zesinyi. Kwiphepha leempendulo siza kubeka inombolo kuphela, ngaloo ndlela akukho uza kukwazi ukuba ngubani iphendule eyiphi imibuzo. Ukuba akusafuni ukuqhubeka uphendule imibuzo, uvumelekile ukuba ungayeka nanini na.

Ukuba unengxaki yesinyi, siza kunika uncedo oluthile. Ukuba uyalwamkela olo ncedo, siza kukuthumela kugqirha okanye ekliniki enokukunceda inyange ingxaki yesinyi. Ukuze sikwenze oku, kuza kufuneka sizalise iinkcukacha zakho, siya kuzifaka kwiphepha elilodwa elingadibenanga neli leprojekthi. Ukuba awufuni ncedo, ungathi hayi awulufuni. Ukuba walile, oko akusayi kuchaphazela unyango oluzele kweli ziko leMpilo.

Kutheni umenyiwe ukuba uthathe inxaxheba?
Olu phando lucela abantu basetyhini abaneminyaka engaphezulu kwe-18 ukuba bathathe inxaxheba nanjengokuba iimpendulo osinika zona ziya kubaluleka kakhulu kuthi.

- **Luyakuba yintoni uxanduva lwakho?**

Mna, Lonese, ndiya kuyiphendula yonke imibuzo eninayo. Ndim oza kuqokelela ulwazi ze ndilugcine lukhuselekile.

- **Ingaba uza kuzuza ekuthatheni inxaxheba kolu phando?**

Kolu phando kuza kuzuza amakhosikazi kwixa elizayo anengxaki yomchamo oziphumelayo. Ukuba unengxaki yomchamo oziphumelayo yaye ukuba ufuna iinkcukacha ezithe vetshe ngayo okanye ufuna uncedo, siza kukukhokela okanye sikuthumele kwikliniki eza kukunceda ngale ngxaki yakho

Ingaba zikho iingozi ezibandakanyekayo ekuthatheni kwakho inxaxheba kolu phando?

Akukho mngcipheko okanye bungozi bukhoyo ngokuthatha inxaxheba kule projekthi nanjengokuba siza kube sikubuza imibuzo kuphela, yaye ukuba awusafuni ukuqhubeka uphendula imibuzo, ungayeka.

- **Ngubani uza kufumana ingxelo yakho yamayeza?**

Ulwazi oluqokelelweyo luza kugcinwa luyimfihlo yaye luya kukhuselwa. Akusayi kuchazwa amagama abantu xa olu lwazi lupapashwa. Iqela eliphandayo liza kukwazi ukufikelela kwezi nkcukacha

Ingaba uza kuhlawulwa ngokuthatha inxaxheba kwesi sifundo kwaye ingaba kukho iindleko ezibandakanyekayo?

Hayi akuzi kuhlawulwa ngokuthatha inxaxheba kolu phando yaye akusayi kuhlawula zindleko ngokuthatha inxaxheba kolu phando, ukuba uthathe inxaxheba.

Ingaba ikho enye into ekumele uyazi okanye uyenze?

Ungaqhagamshelana neKomiti yeNtsulungeko yoPhando ngeZempilo (Health Research Ethics Committee) ku-021-938 9207 ukuba ngaba kukho iinkxalabo okanye izikhalazo onazo eziya azahoyeka ngokwaneleyo ngumphandi oyintloko. Uza kufumana ikopi yezi nkcukacha kunye nefomu yemvume ukuze uzigcinele ngokwakho.

- **Isifungo somthathi-nxaxheba**

Ngokuytyikitya ngezantsi, Mna ……..……. ndiyavuma ukuthatha inxaxheba kwisifundo sophando semfuzo esibizwa ngokuba *Inkcazelo ngezinto ezibonisa ukufuna uncedo kwamakhosikazi anomchamo oziphumelayo kuMbindi weKapa.*

Ndazisa ukuba:

- Ndilufundile okanye ndalufunda olu lwazi kunye nefomu yemvumelwano kwaye ibhalwe ngolwimi endiliciko nendikhululekileyo kulo
- Bendinalo ithuba lokuba ndibuze imibuzo kwaye yonke imibuzo yam iphendulwe ngokwanelisayo.
- Ndiyakuqonda ukuba ukuthatha inxaxheba kolu phando kube **kukuzithandela kwam** kwaye andikhange ndinyanzelwe ukuba ndithathe inxaxheba.
- Ndingakhetha ukusishiya isifundo naninina kwaye andisayi kohlwaywa okanye uqal' ugwetywe nangayiphi indlela.
- Usenokucelwa ukuba usishiye isifundo phambi kokuba siphele, ukuba ugqirha wesifundo okanye umphandi ukubona kuyinzuzo kuwe, okanye ukuba andisilandeli isicwangciso sesifundo, ekuvunyelenwe ngaso.

Kutyikitywe e-(indawo) .....…..…….. ngo-(usuku) ……...…….. 2014.

....
Umtyikityo womthathi-nxaxheba **Umtyikityo wengqina**

➢ Isifungo somphandi

Mna *(igama)* ……Lonese Jacobs…… ndiyafunga ukuba:

- Ndilucacisile ulwazi olu kweli xwebhu ku-……..……...
- Ndimkhuthazile ukuba abuze imibuzo kwaye athathe ixesha elifanelekileyo ukuba ayiphendule.
- Ndiyaneliseka kukuba uyakuqonda ngokwanelisayo konke okumalunga nophando okuxoxwe ngasentla.
- Ndisebenzise/andisebenzisanga toliki. (*Ukuba itoliki isetyenzisiwe kumele ityikitye isaziso ngezantsi.*

Kutyikitywe e-(indawo) .....…..…….. ngo-(usuku) ……...…….. 2014.

....
Umtyikityo womphandi **Umtyikityo wengqina**

➢ Isifungo setoliki

Mna *(igama)* …… ndazisa ukuba:

- Ndicende umphandi (*igama*) ……. Ekucaciseni ulwazi olu lapha kweli xwebhu ku-(*igama lomthathi-nxaxheba*) …….. ndisebenzisa ulwimi lwesiAfrikaans/lwesiXhosa.
- Simkhuthazile ukuba abuze imibuzo kwaye athathe ixesha elifanelekileyo ukuba ayiphendule.
- Ndimxelele eyona nto iyiyo malunga nokunxulumene nam.
- Ndiyaneliseka kukuba umthathinkxaxheba ukuqonda ngokupheleleyo okuqulathwe loluxwebhu lwemvumelwano eyazisiweyo kwaye nemibuzo yakhe yonke iphendulwe ngokwanelisayo.

Kutyikitywe e-(*indawo*) .....…..…….. ngo-(*usuku*) ……...…….. 2014.

.....	.....
Umtyikityo wetoliki	**Umtyikityo wengqina**

Addendum G: Permission letter to Tygerberg Hospital Manager to conduct Pilot study in the Urogyneacology Unit

To whom it may concern

RE: Permission to conduct a pilot study

Research question: The Help-seeking Behaviour of women with Urinary Incontinence in the Cape Metropole

The above-mentioned study will be using a custom designed questionnaire to collect data regarding the help-seeking behaviour of women with urinary incontinence. The questionnaire will comprise of seven sections. Perhaps start with Section A- D: will include demographic, obstetrics and gynaecology, medical and surgical history. At the end of section one, a screening question will be asked to identify the women with UI. The women who answer no to the screening question will be thank and the session will end. The women who have answered yes, will continue to Section E.

Section E will include questions formulated by the researcher to gather data about symptomology as defined on the International Continence Society terminology.

Section F is The King's Health Questionnaire. It is a tool used to collect data on quality of health. The King's Health Questionnaire has been validated in English, Afrikaans and IsiXhosa for women accessing the public health services in South Africa. The King's Health questionnaire consists of four domains which include: general quality of life, quality of life as relating to UI, personal relationships and coping strategies.

Section G will form the HSB section. The questions to collect data regarding the HSB of women with UI, were constructed based on literature reviewed and compiled. The questions include questions about the HSB reasons, the source of help and the treatment offered. Sections A-D, E and G will be translated into isiXhosa.

The primary investigator, Lonese Jacobs, will make an announcement and explain the pilot and the purpose thereof to the women in the waiting room of this facility. Ten volunteers will be asked to sign an informed consent form. The pilot will test if the questions and word choice are appropriate to the sample population, and to estimate the length of time it takes to complete the questionnaire. The interviewee will be asked a list of questions to determine if the questionnaire was understood. The questionnaire will be modified according to the feedback. The women will be invited to participate. A quiet room will be required in which the surveys will take place. This ensure privacy and respects the participant as the questions are of a sensitive nature.

It is with this information we request permission to conduct the pilot study an Urogyneacology clinic.

Kind Regards

Lonese Jacobs
Lonese.jacobs@gmail.com
0826972669
Stellenbosch University student number 18754902

Addendum H: Survey Questionnaires for Primary study

The help-seeking behaviour of women with urinary incontinence

SECTION A: Demographic information

Section A contains a set of general information questions.

How old are you?

Age: | | |

When were you born?

Date of birth:

D	D	M	M	Y	Y	Y	Y

Relationship status:

SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	LIVING TOGETHER

Research studies have shown that women from different racial backgrounds experience different bladder problems. That is why we would like to know your race:

BLACK	COLOURED	INDIAN	WHITE	OTHER

If OTHER, please specify: _____

Highest level of education completed:

NO SCHOOL	PRIMARY SCHOOL: Grade 4 (Standard 2) or below	PRIMARY SCHOOL: Between Grade 4 (Standard 2) and Grade 7 (Standard 5)	PRIMARY SCHOOL: COMPLETED Grade 7 (Standard 5)
	HIGH SCHOOL: Grade 8, 9 or 10 (Standard 6, 7 or 8)	HIGH SCHOOL: Grade 10, 11 and matric (Standard 8, 9 and 10)	TERTIARY EDUCATION

Employment status:

NO JOB	PART-TIME OR CASUAL JOB	IRREGULAR JOB OR PIECE JOB
PENSIONER	DISABILITY GRANT	PERMANENT JOB

End of section A.

SECTION B: Gynaecological and obstetric history

Are you pregnant?

YES	NO	NOT SURE

Do you remember how many times you have been pregnant before?

To how many children have you given birth?

How did you give birth in the past? Also indicate the number of children born per delivery method.

Type of birth	NORMAL VAGINAL BIRTH	FORCEPS	VACUUM-ASSIST (suction)	CAESAREAN SECTION
Number of children				

Were there any complications with any of the births (excluding the Caesarean section)? Also indicate with how many births the specific type of complication was experienced.

Type of complication	TEAR	EPISIOTOMY/CUT	HAD STITCHES, BUT NOT SURE WHY
Number of births			

Did you have a hysterectomy? (Was your womb removed?)

YES	NO

If NO:

Do you still get your period?

YES	NO

End of section B.

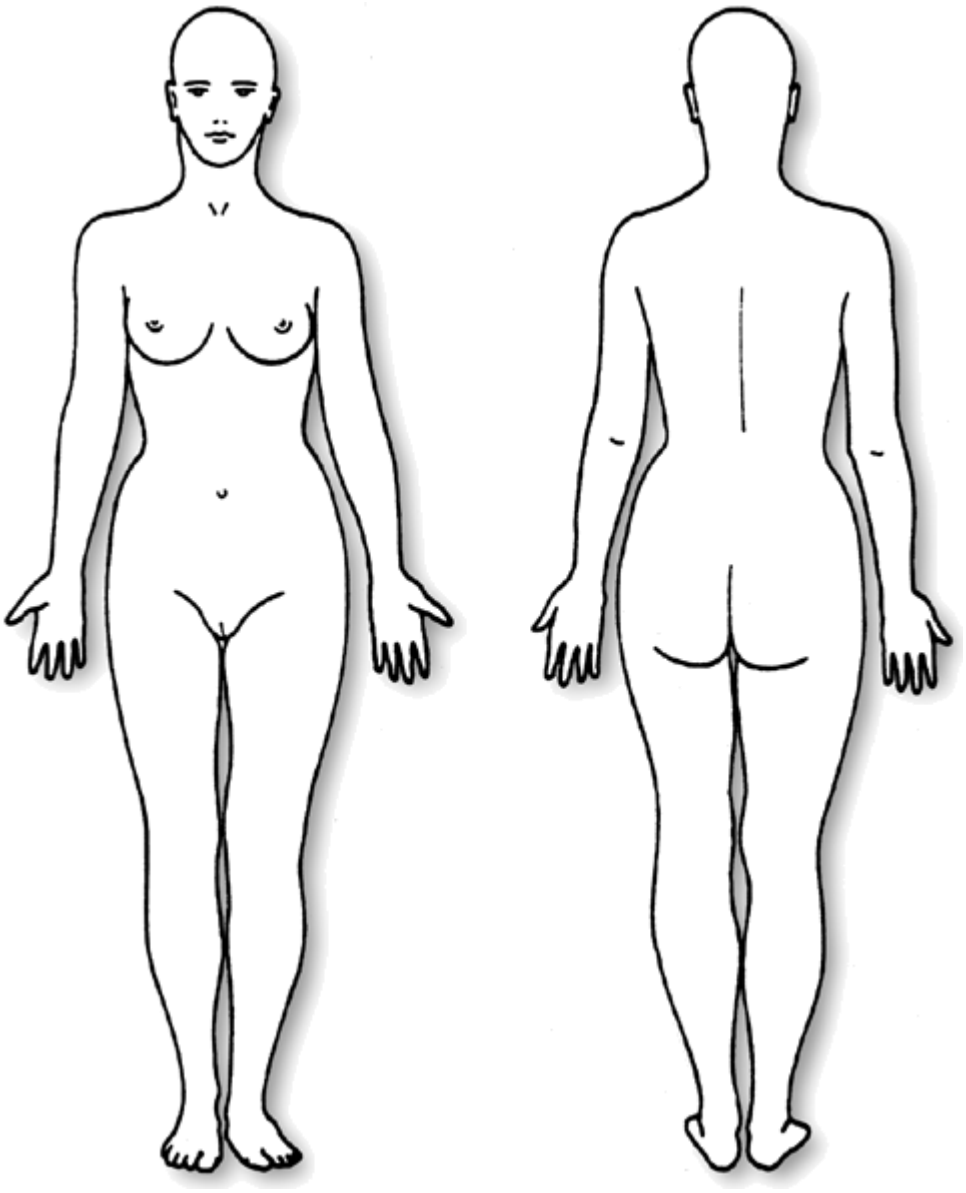
SECTION C: Surgical history

Have you had any operations?

YES	NO

Where have you had operations on your body?

(Please tick the areas where you have had operations on the pictures below.)



If you ticked yes, please answer the following questions

Have you had any previous bladder surgery?

YES	NO

Have you had any surgery for urinary incontinence?

YES	NO

Have you had any surgery for prolapsed organs?”

YES	NO

End of section C.

SECTION D: Medical history

Do you smoke cigarettes daily?

YES	NO

Has a doctor told you that you have any of the following conditions?

NONE	HEART PROBLEMS	OTHER CHEST PROBLEMS, BUT CAN'T REMEMBER THE NAME
SINUSITIS/ HAY FEVER	ASTHMA AS AN ADULT	STROKE
DIABETES	SPINAL CORD DAMAGE	LOWER-BACK PROBLEMS
NERVE DAMAGE (LEGS OR ARMS)	DEPRESSION	NERVE PROBLEMS (LEGS AND ARMS)

Do you leak urine even when you do not mean to?

YES	NO

If you have answered NO, you have finished with the interview. Thank you for your time.

If you have answered YES, we have some more questions to ask you. Please continue to section E.

End of section D.

SECTION E: Urinary incontinence questions

The next set of questions is about the symptoms and experiences you have when leaking urine involuntarily. "Involuntarily" means that you do not mean to leak urine; that it happens by accident, without you being able to control it.

Please tick the experiences that you have had:

	Involuntary leaking of urine
	Involuntary leaking of urine on effort or physical exertion (e.g. while playing sports or doing exercise) or when sneezing, coughing or laughing
	Involuntary leaking of urine associated with urgency – in other words, leaking urine when you feel the need to go to the toilet to pee
	Involuntary leaking of urine associated with change of body position, e.g. as you stand up after having sat or as you sit up after having laid down
	Involuntary leaking of urine while sleeping
	Involuntary leaking of urine associated with urgency (see above) as well as on effort or physical exertion or when sneezing or coughing
	Continuous involuntary leaking of urine; unable to stop urine from leaking
	Unaware of how urine leakage happened
	Involuntary leaking of urine with sexual activity (or during sex)
	Getting up at night one or more times to pee
	A sudden desire to pee, but then having difficulty to do so

End of section E.

SECTION F: KING'S HEALTH QUESTIONNAIRE

		Please tick **only** one answer	OFFICE USE
How would you describe your health at present?	Very good **Good** **Fair** **Poor** **Very poor**	☐ ☐ ☐ ☐ ☐	☐ **/ 5**
How much do you think your bladder problem affects your life?	**Not at all** **A little** **Moderately** **A lot**	☐ ☐ ☐ ☐	☐ **/ 4**

Below are some daily activities that can be affected by bladder problems. How much does your bladder problem affect you? We would like you to answer every question. Simply tick the block that applies to you.

ROLE LIMITATIONS		**NOT AT ALL**	**SLIGHTLY**	**MODERA-TELY**	**A LOT**	**OFFICE USE**
To what extent does your bladder problem affect your household tasks (e.g. cleaning, shopping, etc.)?		☐	☐	☐	☐	
Does your bladder problem affect your job or your normal daily activities outside the home?		☐	☐	☐	☐	☐☐

PHYSICAL/SOCIAL LIMITATIONS	**NOT AT ALL**	**SLIGHTLY**	**MODERATE**	**A LOT**	**OFFICE USE**
Does your bladder problem affect your physical activities (e.g. going for a walk run, playing sports, gym, etc.)?	☐	☐	☐	☐	
Does your bladder problem affect your ability to travel?	☐	☐	☐	☐	
Does your bladder problem limit your social life?	☐	☐	☐	☐	
Does your bladder problem limit your ability to see/visit friends?	☐	☐	☐	☐	☐☐☐☐

PERSONAL RELATIONSHIPS	**NOT APPLICA-BLE**	**NOT AT ALL**	**SLIGHTLY**	**MODERATE**	**A LOT**	
Does your bladder problem affect your relationship with your partner?	☐	☐	☐	☐	☐	
Does your bladder problem affect your sex life?	☐	☐	☐	☐	☐	
Does your bladder problem affect your family life?	☐	☐	☐	☐	☐	☐☐☐

EMOTIONS	**NOT AT ALL**	**SLIGHTLY**	**MODERATE**	**VERY MUCH**	
Does your bladder problem make you feel depressed?	☐	☐	☐	☐	
Does your bladder problem make you feel anxious or nervous?	☐	☐	☐	☐	
Does your bladder problem make you feel bad about yourself?	☐	☐	☐	☐	☐☐☐

SLEEP/ENERGY	**NOT AT ALL**	**SLIGHTLY**	**MODERATE**	**VERY MUCH**	**OFFICE USE**
Does your bladder problem affect your sleep?	☐	☐	☐	☐	
Do you feel worn out/tired?	☐	☐	☐	☐	☐☐
Do you do any of the following? If so, how much?	**NEVER**	**SOMETIMES**	**OFTEN**	**ALL THE TIME**	
Wear pads to keep dry	☐	☐	☐	☐	
Be careful how much fluid you drink	☐	☐	☐	☐	
Change your underclothes when they get wet	☐	☐	☐	☐	
Worry that you may smell	☐	☐	☐	☐	
Get embarrassed because of your bladder problem	☐	☐	☐	☐	☐☐☐☐

THANK YOU, NOW PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS.

SYMPTOMATOLOGY

We would like to know what your bladder problems are and how much they affect you.
From the list below, choose ONLY THOSE PROBLEMS that you have at present.
LEAVE OUT those that do not apply to you.

HOW MUCH DO THEY AFFECT YOU?
To choose, please tick ☐.

	A little	Moderately	A lot	Office use
FREQUENCY: **Going to the toilet very often**	☐	☐	☐	☐
NOCTURIA: **Getting up at night to pass urine.**	☐	☐	☐	☐
URGENCY: **A strong and difficult to control desire to pass urine.**	☐	☐	☐	☐
URGE INCONTINENCE: **Urinary leakage associated with a strong desire to pass urine.**	☐	☐	☐	☐
STRESS INCONTINENCE: **Urinary leakage with physical activity, e.g. coughing, sneezing, running**	☐	☐	☐	☐
NOCTURNAL ENURESIS: **Wetting the bed at night**	☐	☐	☐	☐
INTERCOURSE INCONTINENCE: **Urinary leakage with sexual intercourse**	☐	☐	☐	☐
FREQUENT WATERWORKS (BLADDER) INFECTIONS	☐	☐	☐	☐
BLADDER PAIN	☐	☐	☐	☐
DIFFICULTY PASSING URINE	☐	☐	☐	☐
OTHER: SPECIFY: _____ _____ _____	☐	☐	☐	☐

End of section F.

SECTION G: Help-seeking behaviour

Have you asked for help or advice for your urine leakage problem?

YES	NO

If NO:

Please tick the reasons why you have not asked for help:

	I think it is a normal part of ageing
	I think it is normal after childbirth
	Managing the leakage problem on my own, coping
	Did not know there was treatment for this problem
	Too embarrassed to ask anyone for help
	The leakage problem is not serious enough to ask for help
	My other health problems are more serious or important
	Fear of having to have a vaginal examination
	Fear of having to have an operation
	Fear of having to take medication (tablets) for the problem
	I do not like taking medication (tablets), which is why I have not asked for help
	Fear of complications or problems because of the treatment
	The doctor never asked about it
	All the doctors are male (men) and I do not feel comfortable discussing it with them
	All the doctors are female (women) and I do not feel comfortable discussing it with them
	Don't think I can afford treatment
	I cannot afford to travel to see the doctor about this problem
	Hope it will get better on its own
	I believe there is no cure for this problem

If there is another reason not listed above for not having asked for help, please tell me about it:

_____

_____

_____

If YES:

Why did you ask for help?

	It is becoming worse or more severe
	Worried it might be due to a more serious health problem
	It is bothering me more
	It is affecting prayer
	It is affecting my sex life
	It is stopping me from socialising, such as going out to visit family or friends
	It is affecting my exercise
	It is affecting my housework
	Other

If there is another reason not listed above, please tell me about it:

_____

Who was the first person whom you asked for help?

Please tick only one:

	Family member
	Friend
	Doctor
	Nurse
	Other health professional

Who was the most important person whom you asked for help or advice?

Please tick only one

	Family member
	Friend
	Doctor
	Nurse
	Other health professional

If it was a health professional other than a doctor or a nurse, please tell me what type of health professional:

_____

Were you offered treatment for the urine leakage problem?

YES	NO

If YES:

What type of treatment(s) were you offered?

	Surgery
	Medication/ tablets
	Physiotherapy
	Other treatment

If you ticked OTHER TREATMENT, please explain the type of treatment.

_____

_____

_____

Did you try the treatment?

YES	NO	Treatment was not available	Still waiting for the treatment

If YES:

Did the treatment help?

YES	NO

Thank you for taking the time to answer the questions. We truly appreciate it.

End of questionnaire.

Die hulpsoekgedrag van vroue met urinêre inkontinensie

AFDELING A: Demografiese inligting

Afdeling A bevat 'n stel algemene inligtingsvrae.

Hoe oud is jy?

Ouderdom: | | |

Wanneer is jy gebore?

Geboortedatum:	D	D	M	M	J	J	J	J

Verhoudingstatus:

ENKEL-LOPEND	GETROUD	UITMEKAAR	GESKEI	WEDUWEE	BLY SAAM

Navorsingstudies toon dat vroue van verskillende rasse-agtergronde verskillende blaasprobleme het. Dít is waarom ons wil weet wat jou ras is:

SWART	BRUIN	INDIËR	WIT	ANDER

Indien ANDER, verduidelik asseblief: _____

Hoogste vlak van geleerdheid wat jy behaal het:

GEEN SKOOL-ONDERRIG	LAERSKOOL: Graad 4 (standerd 2) of laer	LAERSKOOL: Tussen graad 4 (standerd 2) en graad 7 (standerd 5)	LAERSKOOL: Het graad 7 (standerd 5) KLAARGEMAAK
	HOËRSKOOL: Graad 8, 9 of 10 (standerd 6, 7 of 8)	HOËRSKOOL: Graad 10, 11 en matriek (standerd 8, 9 en 10)	TERSIÊRE ONDERRIG

Werkstatus:

WERKLOOS	DEELTYDSE/TYDELIKE WERK	ONGEREELDE OF STUKWERK
PENSIOENARIS	ONGESKIKTHEIDSTOELAAG	PERMANENTE WERK

Einde van afdeling A.

AFDELING B: Ginekologiese en verloskundige geskiedenis

Is jy swanger?

JA	NEE	NIE SEKER NIE

Kan jy onthou hoeveel keer jy al vantevore swanger was?

Aan hoeveel kinders het jy al geboorte gegee?

Hoe het jy voorheen geboorte gegee? Dui ook die getal kinders per soort geboorte aan.

Soort geboorte	NORMALE VAGINALE GEBOORTE	TANGVERLOSSING	SUIERVERLOSSING	KEISERSNIT
Getal kinders				

Was daar enige komplikasies met enige van die geboortes (behalwe met die keisersnit)? Dui ook aan met hoeveel geboortes jy die spesifieke soort komplikasie ervaar het.

Soort komplikasie	SKEURING	EPISIOTOMIE/SNIT	HET STEKE GEKRY, MAAR NIE SEKER HOEKOM NIE
Getal geboortes			

Het jy ’n histerektomie gehad? (Is jou baarmoeder verwyder?)

JA	NEE

Indien NEE:

Menstrueer jy nog?

JA	NEE

Einde van afdeling B.

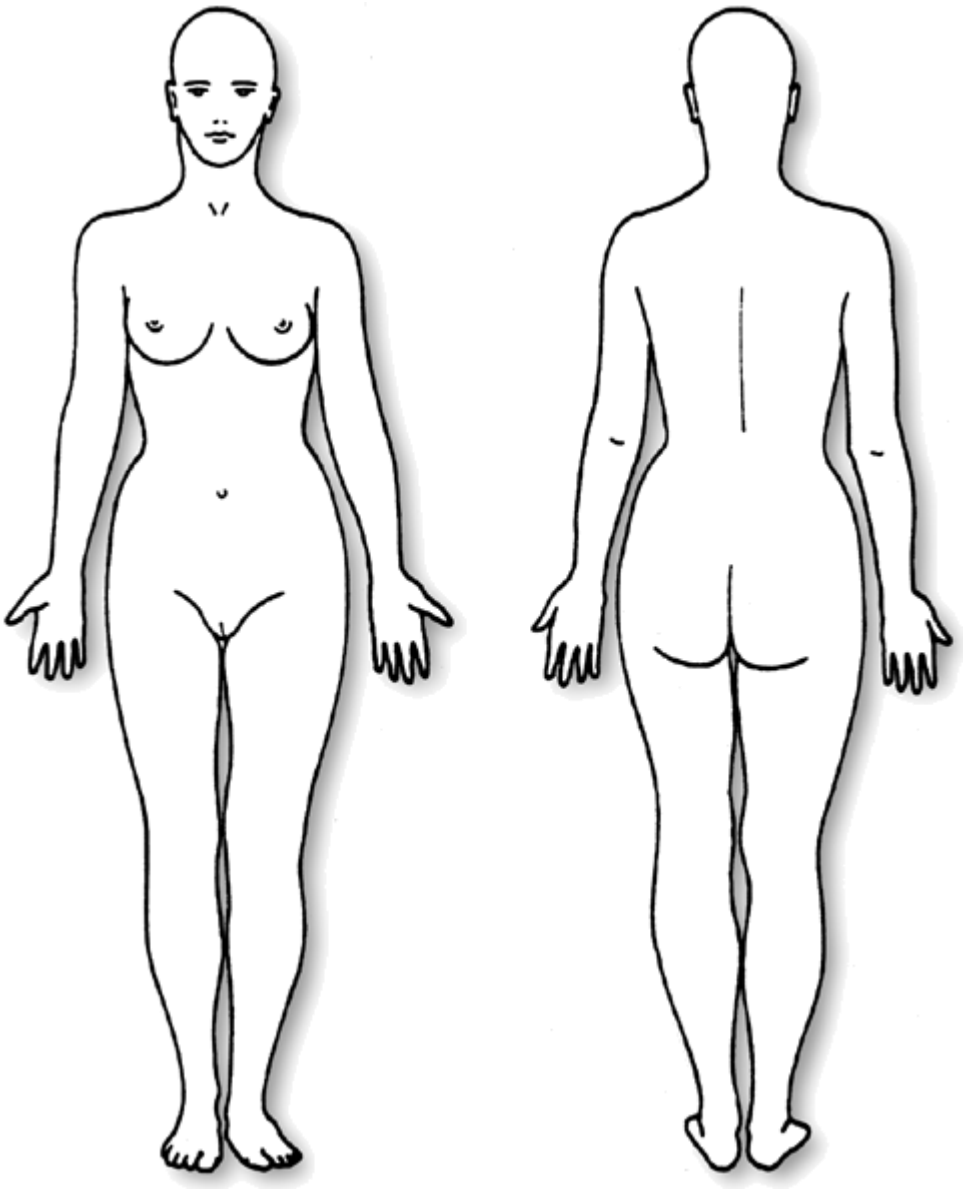
AFDELING C: Chirurgiese geskiedenis

Het jy al enige operasies gehad?

JA	NEE

Waar op jou lyf is jy al geopereer?

(Merk asseblief op die prente hieronder die plekke op jou lyf waar jy al geopereer is.)



Indien jy hierbo JA gemerk het, beantwoord asseblief die volgende vrae:

Het jy al enige vorige blaasoperasies gehad?

JA	NEE

Is jy al vir urinêre inkontinensie (urine wat lek) geopereer?

JA	NEE

Is jy al vir uitgesakte organe geopereer?

JA	NEE

Einde van afdeling C.

AFDELING D: Mediese geskiedenis

Rook jy elke dag sigaret?

JA	NEE

Het ’n dokter al gesê dat jy aan enige van die volgende toestande ly?

GEEN	HARTPROBLEME	ANDER BORSKASPROBLEEM, MAAR KAN NIE NAAM ONTHOU NIE
SINUSITIS/ HOOIKOORS	ASMA AS VOLWASSENE	BEROERTE
SUIKERSIEKTE (DIABETES)	SKADE AAN JOU RUGMURG	LAERUGPROBLEME
SENUWEESKADE (BENE OF ARMS)	DEPRESSIE	SENUWEEPROBLEME (BENE EN ARMS)

Lek jy urine, selfs al wil jy nie?

JA	NEE

Indien jy NEE geantwoord het, is jy klaar met die onderhoud. Dankie vir jou tyd.

Indien jy JA geantwoord het, het ons nog ’n paar vrae om jou te vra. Gaan asseblief voort na afdeling E.

Einde van afdeling D.

AFDELING E: Vrae oor urinêre inkontinensie

Die volgende stel vrae gaan oor die simptome en ervarings wanneer jy onwillekeurig urine lek. "Onwillekeurig" beteken dat jy nie bedoel om urine te lek nie; dat dit per ongeluk gebeur, sonder dat jy dit kan beheer.

Merk asseblief die ervarings wat jy al gehad het:

	Onwillekeurige lek van urine
	Onwillekeurige lek van urine met fisiese inspanning of oefening (soos wanneer jy sport beoefen of oefeninge doen) of wanneer jy nies, hoes of lag
	Onwillekeurige lek van urine wat met dringendheid gepaardgaan – met ander woorde, as jy urine lek wanneer jy voel jy moet dringend by 'n toilet uitkom om te piepie
	Onwillekeurige lek van urine wat met 'n verandering in liggaamsposisie gepaardgaan, byvoorbeeld wanneer jy opstaan nadat jy gesit het, of regop sit nadat jy gelê het
	Onwillekeurige lek van urine terwyl jy slaap
	Onwillekeurige lek van urine wat met dringendheid gepaardgaan (sien hierbo) sowel as met fisiese inspanning en oefening of wanneer jy nies of hoes
	Voortdurende onwillekeurige lek van urine; onvermoë om te keer dat urine lek
	Weet nie hoe urine lek nie
	Onwillekeurige lek van urine met seksuele aktiwiteit (of gedurende seks)
	Staan snags een of meer kere op om te piepie
	'n Skielike drang om te piepie, maar sukkel dan om dit te doen

Einde van afdeling E.

AFDELING F: KINGS GESONDHEIDSVRAELYS

		Kies asb. een antwoord	KANTOOR GEBRUIK
Hoe sou u u algemene gesondheid op hierdie oomblik beskryf?	**Baie goed** **Goed** **Redelik** **Swak** **Baie swak**	☐ ☐ ☐ ☐ ☐	☐ / 5
Hoeveel dink u affekteer u blaasprobleem u lewe?	**Glad nie** **'n Bietjie** **Matig** **Baie**	☐ ☐ ☐ ☐	☐ / 4

Hieronder is 'n aantal daaglikse aktiwiteite wat deur blaasprobleme geaffekteer kan word. Hoeveel affekteer u blaasprobleem u?
Kies eenvoudig die antwoord wat op u van toepassing is.

ROLBEPERKINGS:	GLAD NIE	'N BIETJIE	MATIG	BAIE	KANTOOR GEBRUIK
Tot watter mate affekteer u blaasprobleem u huishoudelike take (bv. Skoonmaak, inkopies doen, doen-dit-self-werk, ens)?	☐	☐	☐	☐	
Affekteer u blaasprobleem u werk of u normale daaglikse aktiwiteite buite die huis?	☐	☐	☐	☐	☐☐

LIGGAAMLIKE / SOSIALE BEPERKINGS		**GLAD NIE**	**'N BIETJIE**	**MATIG**	**BAIE**	**KANTOOR GEBRUIK**
Affekteer u blaasprobleem u liggaamlike aktiwiteite (bv. Gaan stap, hardloop, sport, gim, ens)?		☐	☐	☐	☐	
Affekteer u blaasprobleem u vermoë om u te vervoer? (bv. Bus, motor, trein, vliegtuig)?		☐	☐	☐	☐	
Beperk u blaasprobleem u sosiale lewe?		☐	☐	☐	☐	
Beperk u blaasprobleem u vermoë om vriende te sien/besoek?		☐	☐	☐	☐	☐☐☐☐
PERSOONLIKE VERHOUDINGS	**NIE VAN TOEPAS-SING**	**GLAD NIE**	**'N BIETJIE**	**MATIG**	**BAIE**	
Affekteer u blaasprobleem u verhouding met u lewensmaat?	☐	☐	☐	☐	☐	
Affekteer u blaasprobleem u sekslewe?	☐	☐	☐	☐	☐	
Affekteer u blaasprobleem u gesinslewe?	☐	☐	☐	☐	☐	☐☐☐
EMOSIES		**GLAD NIE**	**'N BIETJIE**	**MATIG**	**BAIE**	
Laat u blaasprobleem u terneergedruk voel?		☐	☐	☐	☐	
Laat u blaasprobleem u bekommerd of senuweeagtig voel?		☐	☐	☐	☐	
Laat u blaasprobleem u sleg voel oor uself?		☐	☐	☐	☐	☐☐☐

SLAAP / ENERGIE	**GLAD NIE**	**'N BIETJIE**	**MATIG**	**BAIE**	**KANTOOR GEBRUIK**
Affekteer u blaasprobleem u slaap?	☐	☐	☐	☐	
Voel u uitgeput/moeg agv u blaasprobleem?	☐	☐	☐	☐	☐☐
Hoe dikwels ondervind u enige van die volgende?	**NOOIT**	**SOMTYDS**	**DIKWELS**	**ALTYD**	
Doeke dra om droog te bly?	☐	☐	☐	☐	
Versigtig wees hoeveel vloeistof u drink?	☐	☐	☐	☐	
U onderklere verander omdat hulle nat word?	☐	☐	☐	☐	
U bekommer ingeval u sleg ruik?	☐	☐	☐	☐	
Verleë voel oor u blaasprobleem?	☐	☐	☐	☐	☐☐☐☐

DANKIE. MAAK NOU ASSEBLIEF SEKER DAT U AL DIE VRAE BEANTWOORD HET.

SYMPTOME

Ons wil graag weet wat u blaasprobleme is en hoe dit u affekteer. Op die lys hieronder, merk asseblief die probleme wat u huidiglik ondervind. LOS UIT die probleme wat u NIE ONDERVIND NIE.

HOEVEEL AFFEKTEER DIT U?

Om te kies, merk ☐

	'n Bietjie	Matig	Baie	KANTOOR GEBRUIK
FREKWENSIE: **Gaan gereeld na die toilet**	☐	☐	☐	☐
NOKTURIE **Staan op gedurende die nag om te urineer**	☐	☐	☐	☐
DRINGENDHEID **Vind dit moeilik om kontrole uit te oefen oor urinering**	☐	☐	☐	☐
DRINGENDHEID INKONTINENSIE **Uriene lek met 'n sterk gevoel om te urineer.**	☐	☐	☐	☐
DRUKLEK: **Uriene lek gedurende fisiese aktiwiteite bv. Hoes, nies, hardloop.**	☐	☐	☐	☐
ENURESIS **Bed natmaak gedurende die nag**	☐	☐	☐	☐
INKONTINENSIE MET GEMEENSKAP: **Uriene lek gedurende seks**	☐	☐	☐	☐
HERHAALDE BLAASONTSTEKING	☐	☐	☐	☐
BLAAS PYN	☐	☐	☐	☐
MOEILIK OM URIENE TE PASSEER	☐	☐	☐	☐
ANDER: SPESIFISEER _____ _____ _____	☐	☐	☐	☐

Einde van afdeling F.

AFDELING G: Hulpsoekgedrag

Het jy al hulp of raad gesoek met jou urine wat lek?

JA	NEE

Indien NEE:

Merk asseblief die redes waarom jy nog nie hulp gesoek het nie:

	Ek dink dis normaal om urine te lek wanneer jy ouer word
	Ek dink dis normaal na kindergeboorte
	Ek bestuur die probleem op my eie; kom self reg
	Het nie geweet daar is behandeling vir die probleem nie
	Te skaam om enigiemand vir hulp te vra
	Die lekprobleem is nie ernstig genoeg om hulp te soek nie
	My ander gesondheidsprobleme is erger of belangriker
	Vrees dat ek ’n vaginale ondersoek sal moet hê
	Vrees dat ek ’n operasie sal moet hê
	Vrees dat ek medisyne (pille) vir die probleem sal moet drink
	Ek hou nie daarvan om medisyne (pille) te drink nie, en daarom het ek nie hulp gesoek nie
	Vrees vir komplikasies of probleme as gevolg van die behandeling
	Die dokter het my nooit daarna uitgevra nie
	Al die dokters is mans en ek voel nie gemaklik om dit met hulle te bespreek nie
	Al die dokters is vroue en ek voel nie gemaklik om dit met hulle te bespreek nie
	Dink nie ek kan behandeling bekostig nie
	Ek kan nie die rit dokter toe bekostig nie
	Hoop maar dit sal vanself regkom
	Ek glo nie daar is ’n geneesmiddel nie

Indien die rede waarom jy nog nie hulp gesoek het nie, nie hierbo verskyn nie, vertel my asseblief daarvan:

_____

_____

_____

Indien JA:

Waarom het jy hulp gesoek?

	Dit word erger
	Ek is bekommerd dit is dalk as gevolg van ’n ander, erger gesondheidsprobleem
	Dit pla my al hoe meer
	Dit beïnvloed my gebede
	Dit beïnvloed my sekslewe
	Dit keer dat ek sosialiseer, soos om by familie of vriende te gaan kuier
	Dit beïnvloed my oefening
	Dit beïnvloed my werk in en hom die huis
	Ander

Indien daar ’n ander rede is wat nie hierbo verskyn nie, vertel my asseblief daarvan:

_____

Wie was die eerste persoon wat jy vir hulp gevra het?

Merk asseblief net een:

	Familielid
	Vriend
	Dokter
	Verpleegkundige
	Ander gesondheidswerker

Wie was die belangrikste persoon wat jy vir hulp of raad gevra het?

Merk asseblief net een:

	Familielid
	Vriend
	Dokter
	Verpleegkundige
	Ander gesondheidswerker

As dit ’n ander gesondheidswerker as ’n dokter of verpleegkundige was, vertel my asseblief watter soort gesondheidswerker:

_____

Het hulle aangebied om jou te behandel vir jou urine wat lek?

JA	NEE

Indien JA:

Watter soort behandeling(s) het hulle jou aangebied?

	Operasie
	Medisyne/pille
	Fisioterapie
	Ander behandeling

Indien jy ANDER BEHANDELING gemerk het, verduidelik asseblief die soort behandeling.

_____

_____

_____

Het jy toe die behandeling ontvang?

JA	NEE	Behandeling was nie beskikbaar nie	Wag nog vir die behandeling

Indien JA:

Het die behandeling gehelp?

JA	NEE

Dankie dat jy tyd afgestaan het om die vrae te beantwoord. Ons waardeer dit opreg.

Einde van vraelys.

Izinto ezibonisa ukufuna uncedo kwamakhosikazi anomchamo oziphumelayo

ICANDELO A: Iinkcukacha zabantu

Icandelo A liqulethe imibuzo yeenkcukacha-gabalala.

Umdala kangakanani?

Iminyaka: | | |

Wawuzelwe nini?

Umhla wokuzalwa	D	D	M	M	Y	Y	Y	Y

Ubudlelwane onabo:

ANDITSHATANGA	NDITSHATILE	NDAHLUKENE NOMLINGANE	NDICHITHE UMTSHATO	NDINGUM-HLOLOKAZI	NDIYA-HLALISANA

Uphdo lubonisa ukuba amakhosikazi eentlanga ngeentlanga aneengxaki ezahluka-hlukileyo zesinyi. Yiloo nto sifuna ukwazi ukuba wena ungowaluphi na uhlanga:

NDIMNYAMA	NDINGOWEBALA	NDILINDIYA	NDIMHLOPHE	OLUNYE

Ukuba ungoWOLUNYE uhlanga, chaza ukuba loluphi: _____

Elona banga liphezulu walipasayo esikolweni:

ANDIFUNDANGA	AMABANGA APHANTSI: Isigaba 4 (Ibanga 2) okanye ngaphantsi	AMABANGA APHANTSI: Phakathi kwesigaba 4 nesigaba 7 (kwebanga 2 nebanga 5)	AMABANGA APHANTSI : NDIPASE Ibanga 5 okanye ibanga 7.
	AMABANGA APHEZULU Isigaba 8, 9 okanye 10 (Ibanga 6, 7 okanye 8)	AMABANGA APHEZULU Isigaba 10, 11 nematriki (Ibanga 8, 9 no-10)	IMFUNDO ENOMSILA

Imo yengqesho:

ANDIPHANGELI	NDISEBENZA UMSEBENZI ONGESOSIGXINA	NDIMANE NDIBAMBA PHA NAPHA
NDIDLA UMHLALAPHANTSI	NDIFUMANA IMALI YOKHUBAZEKO	NDIQESHWE ISIGXINA

Isiphel secandelo A.

ICANDELO B: Imbali ngokubeleka kwakho

Ingaba umithi?

EWE	HAYI	ANDIQINISEKANGA

Ingaba uyakhumbula ukuba uye wamitha kangaphi ngaphambili?

Ingaba uzele abantwana abangaphi?

Uye wabeleka ngaluphi uhlobo ngaphambili? Nika nenani labantwana obafumene ngaloo ndlela yokubeleka.

Uhlobo owabeleka ngalo	NDIBELEKA NGENDLELA YESIQHELO	UMNTWANA WAKHUTSHWA NGEZIBAMBO	NDANCEDISWA WAFUNXWA (ukufunxa)	NDAQHAQHWA
Inani labantwana				

Ingaba wakhe wabeleka nzima (ngaphandle koqhaqho)? Kananjalo chaza ukuba ubufumene kangaphi obu bunzima.

Uhlobo lobunzima owabufumanayo xa ubeleka	UKUKRAZUKA	UKUSIKEKA/ UKUSIKWA	NDATHUNGWA KODWA ANDISAZI ISIZATHU SOKO KUTHUNGWA
Oku kwenzeka kangaphi xa wawubeleka			

Ingaba sikhutshiwe isibeleko sakho?

EWE	HAYI

Ukuba uthe HAYI:

Ingaba usaya exesheni?

EWE	HAYI

Isiphelo secandelo B.

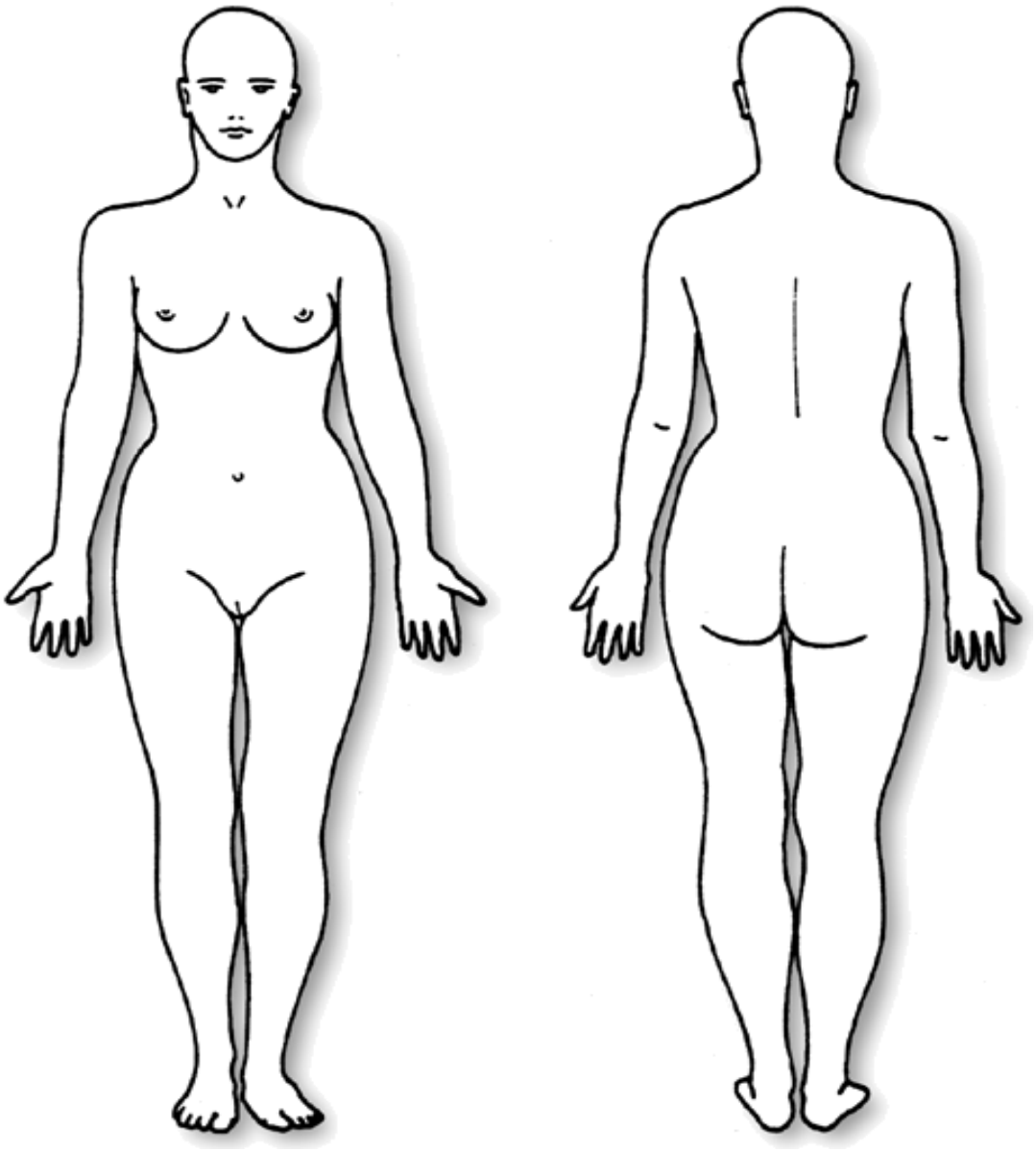
ICANDELO C: Imbali yokutyandwa

Ingaba ukhe wawukhe watyandelwa nasiphi na isigulo?

EWE	HAYI

Leliphi ilungu lomzimba elatyandwayo?

(Tikisha kule mifanekiso ingezantsi ezi ndawo wawutyandwe kuzo.)



Ukuba utikishe uEWE, nceda uphendule le mibuzo ilandelayo

Ingaba wakhe wanotyando lwesinyi?

EWE	HAYI

Ingaba wakhe watyandelwa umchamo oziphumelayo?

EWE	HAYI

Ingaba wakhe wanotyando lwamalungu avele aphuma okanye avele asuke kwiiindawo zawo?”

EWE	HAYI

Isiphelo secandelo C.

ICANDELO D: Imbali ngempilo yakho

Ingaba utshaya isigarethi yonke imihla?

EWE	HAYI

Ingaba ugqirha ukhe wakuxelela ukuba unenye yezi meko zilandelayo?

ANDINAYO NANYE KWEZI MEKO	IINGXAKI ZENTLIZIYO	EZINYE IINGXAKI ZESIFUBA, KODWA ANDIKHUMBULI IGAMA LAYO
ISAYINASI/IMFUXANE ENGAPHELIYO (HAY FEVER)	ISIFUBA ESENZIWA BUBUDALA	UKUFA ICALA LOMZIMBA
ISIFO SESWEKILE	UKWENZAKALA KOMNQONQO	IINGXAKI ZESINQE
UKWENZAKALA KWEMITHAMBO-LUVO (NERVE) (EYEMILENZE OKANYE EYEENGALO)	UKUDAKUMBA (IDIPRESHINI)	IINGXAKI ZEMITHAMBO-LUVO (NERVE) (YEMILENZE OKANYE EYEENGALO)

Ingaba umchamo wakho uvele uziphumele ngokwawo?

EWE	HAYI

Ukuba uphendule wathi HAYI, ulugqibile olu dliwanondlebe. Siyabulela ngexesha lakho. Ukuba uphendule wathi EWE, siseneminye imibuzo esifuna ukukubuza yona. Sicela uqhubeke uye kwicandelo E.

Isiphelo secandelo D.

ICANDELO E: Imibuzo ngokuziphumela komchamo

Olu luhlu lulandelayo lwemibuzo lumalunga neempawu kunye neemeko okhe wahlangana nazo ezimalunga nomchamo ovele uziphumele. “Ukuziphumela” kuthetha ukuba sukube wena ungazimiselanga kuchama ngelo xesha, oku kwenzeka ngempazamo, yaye wena sukuba ungakwazi ukuyilawula loo meko.

Nceda utikishe izinto ebezikhe zakwehlela:

	Umchamo ovele uziphumele ngokwawo
	Umchamo oziphumela xa kukhona into ethile obuyenza ngomzimba apho uthe wacinizela ilungu lomzimba (umz. xa udlala okanye xa ujima) okanye xa uthimla, ukhohlela okanye uhleka
	Umchamo oziphumela ngenxa yokungxama – ngamanye amagama, umchamo ophuma xa ubuziva unomchamo, usathi uya kwindlu yangasese uyokuchama
	Umchamo oziphumela kuba utshintshe into obuyenza ngomzimba, umzekelo xa uphakama emva kokuba ubuhleli phantsi okanye xa uhlala emva kokuba ubulele
	Umchamo oziphumela xa ulele
	Umchamo oziphumela ngenxa yokungxama (bona apha ngentla) kunye naxa kukho uxinzelelo olukhoyo njengaxa xa uthimla okanye ukhohlela
	Umchamo oziphumela ngalo lonke ixesha; ongakwazi kuwunqanda
	Umchamo ongazi nokuba uphume njani
	Umchamo oziphumela xa usenza isondo neqabane lakho
	Ukumana uphakama ebusuku usiya kuchama
	Ukuva ngathi ufuna ukuya kuchama kodwa xa uzama ukuchama usuke umchamo uphume nzima

Isiphelo secandelo E.

ICANDELO F IPHEPHA LEMIBUZO NGEMPILO YE ZIKUMKANI

		Phawula impendulo ibenye nceda	OFISI KUPHELA
Ungayichaza njani impilo yakho kutsha nje?	**I lunge kakhulu** **I lungile** **Iyathembisa** **Imbi** **Imbi kakhulu**	☐ ☐ ☐ ☐ ☐	☐ / 5
Ucinga kangakanani ngeengxaki zesinyi sakho ukuchaphazela ebomini bakho?	**Ayikho kwaphela** **Kancinane** **Phakathi** **Kakhulu**	☐ ☐ ☐ ☐	☐ / 4

Ngezantsi kunemisebenzi yemihla enokuchatshazelwa ziingxaki zesinyi. Uchaphazeleka kangakanani ziingxaki zesinyi sakho? Singathanda uphendule wena umbuzo ngamnye. <u>Phawula ngokulula kwibloko ogondene nayo.</u>

<u>INDIMA NEMIDA/ IMIQATHANGO</u>		AYIKHO KWAPHELA	PHANTSE	PHAKATHI	KAKHULU	OFISI KUPHELA
Kuxa kutheni apho ingxaki zesinyi sakho zithi zichaphazele imisebenzi yekhaya (umz. Ukucoca, nokuthenga njl-.)?		☐	☐	☐	☐	
Ingaba ingxaki zakho, okanye imisetyenzana yemihla yesiqhelo yangaphandle kwekhaya?		☐	☐	☐	☐	☐ ☐

UMZIMBA/INTLALO NEMIDA{IMIOATHANGO}		**AYIKHO KWAPHELA**	**PHANTSE**	**PHAKATHI**	**KAKHULU**	**OFISI KUPHELA**
Kungokuba iingxaki zakho zesinyi zichaphazela ukusebenza komzimba wakho (umz. Ukuhamba-hamba, ukubaleka. Ezemidlalo, ukuzilolonga njl-)?		☐	☐	☐	☐	
Kngokuba iingxaki zakho zesinyi zichaphazela ukungabinako ukuthabatha uhambo?		☐	☐	☐	☐	
Kungokuba iingxaki zakho zesinyi xichaphazela ubomi nethlalo yakho?		☐	☐	☐	☐	☐☐☐☐
Kungokuba iingxaki zesinyi sakho ziya kuvalela ukutyelela / ukubona izihlobo zakho?		☐	☐	☐	☐	
UNXULUMANO OLUNGAWE:	**UKUNGA BIKHO**	**AYIKHO KWAPHELA**	**PHANTSE**	**PHAKATHI**	**KAKHULU**	**OFISI KUPHELA**
Ingaba iingxaki zakho zesinyi zichaphazela unxulumlwano Iwakho nomlingane wakho?	☐	☐	☐	☐	☐	
Ingaba iingxaki zesinyi sakho xichaphazela kubomi bakho kwezesondo?	☐	☐	☐	☐	☐	
Ingaba iingxaki sakho xichaphazela kubomi bosapho Iwakho?	☐	☐	☐	☐	☐	☐☐☐
IZIMVO/IMVAKALELO:		**AYIKHO KWAPHELA**	**PHANTSE**	**PHAKATHI**	**KAKHULU**	**OFISI KUPHELA**

Ingaba iingxaki zakho zesinyi zikwenxa uzive unoxinzeleko?	☐	☐	☐	☐	
Ingaba iingxaki zesinyi sakho xikwenza uxive uxhalabile okanye unobuphakuphaku?	☐	☐	☐	☐	
Ingaba iingxaki zesinyi sakho zikwenza uzive uneengcinga ezimbi ngakuwe?	☐	☐	☐	☐	☐☐☐

IIMPAWU / UMQONDISO (SYMPTOMATOLOGY)

Singathanda ukwazi ngengxaki zakho zesinyi zeziphi nokuthi zikuchaphazela kangakanani.
Kuluhlu olungexantsi khetha kuphela ezona ngxaki onao ngokwangoku.
Shiya ngaphandle ezo ungekabinazo.

ZIKUCHAPHAZELA KANGAKANANI?

Nceda xa ukhetha phawula ☐

	KANCINCI	PHAKATHI	KAKHULU	OFISI KUPHE
UKUPHINDAPHINDA/UKUQUQA: Ukuya kumzi wangasese kaninzi.	☐	☐	☐	
ISENZEKO: Ukuvuka ebusuku ukuya kuchama.	☐	☐	☐	
UNGXAMISEKO: Amandla nobuzima bokulawula ulangazelelo lokudlulisa umchamo.	☐	☐	☐	
UMNQWENO WOKUNGALAWULEKI: Ukuvuza komchamo kuquka nolangazelelo olungamandla lokuchitha umchamo.	☐	☐	☐	
ISINCINEZELI ESINGALAWULEKIYO: Ukuvuza komchamo kwa nokusebenza komzimba umz. Khohlokhohlo, ukuthimla, ukubaleka.	☐	☐	☐	
UKUPHUTHELWA NOKUPHULUKWA: Ukumanzisa umandlalo ebusuku.	☐	☐	☐	
INDIBANONGESONDO NOKUNGALAWULEKI: Ukuvuza komchamo kwa nendibano ngesondo.	☐	☐	☐	
USETYENZISO KAKHULU KWAMANZI (ISINYI) IZIFO EZOSULELAYO	☐	☐	☐	
IINTLUNGU ZESINYI	☐	☐	☐	
UBUNZIMA BOKUDLULISA UMCHAMO	☐	☐	☐	
OKUNYE: BALULA: _____ _____	☐	☐	☐	

UKULALA/AMADLA:	**AYIKHO KWAPHELA**	**PHANTSE**	**PHAKATHI**	**KAKHULU**	**OFISI KUPHELA**
Ingaba iingxaki zisinyi sakho zichaphazela ukulala kwakho / ubuthongo?	☐	☐	☐	☐	☐☐
Uziva utyhafile / udiniwe?	☐	☐	☐	☐	
Ingaba uyazenza enye kwezi zilandelayo? Xa kunjalok kangakanani?	**SOZE**	**MAXAWAMBI**	**QHO / FUTHI**	**AMAXA ONKE**	
Nxiba isishubeli ukukugcina?	☐	☐	☐	☐	
Lumkela ukungakanani besiselo osiselayo?	☐	☐	☐	☐	
Tshintsha impahla yakho yangaphantsi yakuba manzi?	☐	☐	☐	☐	
Zikhathalele / zihoye hlezo usenokuga nevunjana / ukunuka?	☐	☐	☐	☐	☐☐☐☐
Yiba neentloni / udano mayelana nengxaki yakho yesinyi?	☐	☐	☐	☐	

ENKOSI, NGOKU KHANGELA UKUBA UPENDULE YONKE IMIBUZO

ICANDELO G: Ukufuna unyango

Ingaba ukhe walufuna uncedo lwengxaki yakho yomchamo oziphumelayo?

EWE	HAYI

Ukuba uthe HAYI:

Tikisha izizathu ezibangele ukuba ube awucelanga luncedo:

	Ndicinga ukuba yinto eyenzeka nakubani na ogugayo
	Ndicinga ukuba yinto efanele ukuba yenzeka emva kokubeleka umntwana
	Ndiyakwazi ukuyilawula ngokwam le ngxaki
	Bendingazi ukuba lukhona unyango lwale ngxaki
	Ndibe neentloni ukucela uncedo ebantwini
	Oku kuziphumela komchamo asiyongxaki enkulu enode ifunise ukuba ndifune uncedo
	Ezinye iingxaki zam zempilo zimandundu kakhulu okanye zibaluleke ukodlula le
	Ndiyoyika ukuphononongwa ngaphantsi
	Ndoyika ukutyandwa
	Ndoyika ukube ndisela amayeza (iipilisi) ngenxa yale ngxaki
	Andiwathandi amayeza (iipilisi), yiloo nto ndingazange ndifune uncedo
	Ndoyika ukuba ndibe nezinye iingxaki ngenxa yokunyangwa kwale ngxaki
	Ugqirha zange khe andibuze ngayo
	Bonke oogqirha ngamadoda, yaye andiziva ndikhululekile ukuba ndiyithethe nabo
	Bonke oogqirha ngamakhosikazi yaye andiziva ndikhululekile ukuba ndiyithethe nabo
	Andiqondi ukuba ndinganayo imali yonyango
	Andinayo imali yokuya kwagqirha ndiyokuthetha naye ngale ngxaki
	Ndinethemba lokuba iza kuvele ibe ngcono ngokunokwayo
	Ndicinga ukuba akukho lunyango lwale ngxaki

Ukuba kukho esinye isizathu esingakhankanywanga apha ngentla, nceda undixelele ngaso:

_____

_____

_____

Ukuba uthe EWE:

Bekutheni ukuze ufune uncedo?

	Le ngxaki iya ibhekela phambili okanye iya iba mandundu ngakumbi
	Ndinexhala lokuba isenokuba yenziwa yenye ingxaki enkulu yezempilo
	Iya indiphatha kakubi ngakumbi nangakumbi
	Ichaphazela ixesha lam lokuthandaza
	Ichaphazela ubomi bam besondo
	Yenza ukuba ndingakwazi ukuya konwaba, njengokuya kusapho lwam okanye kwizihlobo zam
	Ichaphazela ijimu yam
	Ichaphazela umsebenzi wam wasendlini
	Okunye

Ukuba kukho esinye isizathu esingakhankanywanga apha ngentla, nceda undixelele ngaso:

_____

Ngubani umntu wokuqala owacela kuye uncedo?

Nceda utikishe abe mnye:

	Ilungu losapho
	Umhlobo
	Ugqirha
	Inesi
	Enye ingcali yempilo

Ngowuphi oyena mntu ubalulekileyo owathi wafuna kunye uncedo okanye ingcebiso?

Nceda utikishe abe mnye:

	Ilungu losapho
	Umhlobo
	Ugqirha
	Inesi
	Enye ingcali yezempilo

Ukuba yayiyingcali yezempilo engengogqirha okanye unesi, ndichazele ukuba loluphi uhlobo lwengcali yezempilo:

_____

Ingaba wawulufumene uncedo lwengxaki yomchamo oziphumelayo?

EWE	HAYI

Ukuba uthe EWE:

Wafumana oluphi uhlobo lonyango?

	Utyando
	Amayeza/ iipilisi
	Wenziswa imithambo (ukolulwa kwamalungu omzimba)
	Olunye unyango

Ukuba utikishe ukuba wafumana OLUNYE UNYANGO, khawusicacisele ngohlobo lonyango owalufumanayo.

_____

_____

_____

Ingaba ukhe wazama ukufumana unyango?

EWE	HAYI	Unyango zange lufumaneke	Ndisalinde unyango

Ukuba uthe EWE:

Ingaba olo nyango lwakunceda?

EWE	HAYI

Siyabulela ngokuba uthe wazipha ithuba lokuphendula le mibuzo. Siyayithakazelela kakhulu le nto uyenzileyo.

Isiphelo sephepha lemibuzo.

Addendum I: Pilot Questionnaire

The Help-seeking Behaviour of Women with Urinary incontinence in the Cape Metrople

1. Did you understand the questionnaire?

YES	NO

2. If no, what part did you not understand?

SECTION	WHY

3. Did you feel comfortable answering the questions?

YES	NO

4. If no, which questions made you feel uncomfortable?

SECTION	WHY

5. Did you understand the words used in the questionnaire?

YES	NO

6. Which word/s did you not understand?

SECTION	WORD

7. Were the answers enough for the experiences you have had?

YES	NO

8. If no, which answers?

SECTION	ANSWER

9. Which questions made you feel irritated?

YES	NO

10. If yes, which question?

SECTION	ANSWER

11. Did any of the questions make you feel embarrassed?

YES	NO

12. If yes, which questions made you feel embarrassed?

SECTION	ANSWER

13. Did any of the questions make you feel confused?

YES	NO

14. Is yes, which questions?

SECTION	ANSWER

15. Is the questionnaire too long?

YES	NO

16. If yes, which question?

SECTION	ANSWER

17. There something else I could have asked?

YES	NO

18. Please list what else you think I could have asked?

SECTION	ANSWER

Thank you for your time

Addendum J: Poster for Primary Study in the waiting area of the Facilities

Research study:

The Help-seeking Behaviour of women with Urinary Incontinence

WHO: All women are welcome to participate

WHAT: To answer a list of questions about bladder problems

HOW LONG: 20-30 min

Navorsing studie:

Die Hulpsoekende gedrag van vroue van urinêre inkontinensie

WIE: Alle dames is welkom om deel te neem

WAT: Om 'n lys van vrae oor blaas probleme te beantwoord

HOE LANK: 20-30 min